

**COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
WITNESS LIST**

1350 Pennsylvania Avenue, NW, Washington, DC 20004

**CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING**

on

Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

on

**Monday, March 12, 2018
1:00 p.m., Hearing Room 500, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004**

OFFICE OF THE
SECRETARY

2018 APR -4 PM 2:07

WITNESS LIST

- | | | |
|-----|--------------------|---|
| 1. | Barbara Kahlow | West End Citizens Association |
| 2. | Marina Streznewski | Public Witness |
| 3. | Marija Hughes | Watergate Senior Initiative |
| 4. | Patrick Kennedy | Vice Chairman, ANC 2A01 |
| 5. | Seth Heller | Public Witness |
| 6. | Marsha Williams | Public Witness |
| 7. | Michael Conklin | Lieutenant Colonel (Retired) |
| 8. | Marilyn Rubin | Public Witness |
| 9. | Denise Vogt | Public Witness |
| 10. | Philip Schrefer | Commissioner, ANC 2A05 |
| 11. | Michael Rosner | Professor of Neurosurgery |
| 12. | Jonathan Reiner | Professor of Medicine and Director of
Cardiac Catheterization Laboratories,
George Washington University Hospital |

13. Dimitri Sigounas
Neurosurgeon and Interventional
Neuroradiologist, George Washington
University Hospital
14. Kathleen Burger
Director of Cerebrovascular Neurology,
George Washington University Hospital
15. Babak Sarani
Chief of Trauma and Acute Care Surgery,
George Washington University Hospital
16. Kimberly Russo
Chief Executive Officer, George Washington
University Hospital (Testimony Read into the
Record)
17. David B. Lieb
Senior Counsel, District of Columbia Office
of Planning

COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE
NOTICE OF A PUBLIC HEARING

1350 Pennsylvania Avenue, NW, Washington, DC 20004

REVISED

CHAIRMAN PHIL MENDELSON
COMMITTEE OF THE WHOLE
ANNOUNCES A PUBLIC HEARING

on

Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

on

**Monday, March 12, 2018
1:00 p.m., Hearing Room 500, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004**

Council Chairman Phil Mendelson announces the scheduling of a public hearing of the Committee of Whole on Bill 22-579, the "Helicopter Landing Pad Amendment Act of 2017." The hearing will be held on Monday, March 12, 2018 at 1:00 p.m. in Hearing Room 500 of the John A. Wilson Building, 1350 Pennsylvania Avenue, NW. *This hearing notice is being revised to reflect that the hearing date has been changed from Tuesday, February 20, 2018 to Monday, March 12, 2018.*

The stated purpose of Bill 22-579 is to exempt Level One Trauma Centers operating in the District of Columbia, that currently do not have helipads on their properties, from the Helicopter Landing Pad Public Nuisance Act of 1987. Furthermore, the Mayor would be required to review the flight information for any helipad that is used for more than 175 round trip flights in a calendar year, and may take appropriate action as he or she deems necessary.

Those who wish to testify are asked to email the Committee of the Whole at cow@dccouncil.us, or call Peter Johnson, Special Counsel at (202) 724-8083, and to provide your name, address, telephone number, organizational affiliation and title (if any) by close of business Thursday, **March 8, 2018**. Persons wishing to testify are encouraged, but not required, to submit 15 copies of written testimony. If submitted by the close of business on March 8, 2018 the testimony will be distributed to Councilmembers before the hearing. Witnesses should limit their testimony to four minutes; less time will be allowed if there are a large number of witnesses. Copies of the legislation can be obtained through the Legislative Services Division of the Secretary of the Council's office or on <http://lims.dccouncil.us>. Hearing materials, including a draft witness list, can be accessed 24 hours in advance of the hearing at <http://www.chairmanmendelson.com/circulation>.

If you are unable to testify at the hearing, written statements are encouraged and will be made a part of the official record. Written statements should be submitted to the Committee of the Whole, Council of the District of Columbia, Suite 410 of the John A. Wilson Building, 1350 Pennsylvania Avenue, N.W., Washington, D.C. 20004. The record will close at 5:00 p.m. on Tuesday, April 3, 2018.

COUNCIL OF THE DISTRICT OF COLUMBIA
1350 Pennsylvania Avenue, N.W.
Washington D.C. 20004

Memorandum

To : Members of the Council
From : 
Nyasha Smith, Secretary to the Council

Date : November 08, 2017

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Legislative Meeting on Tuesday, November 7, 2017. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Helicopter Landing Pad Amendment Act of 2017", B22-0579

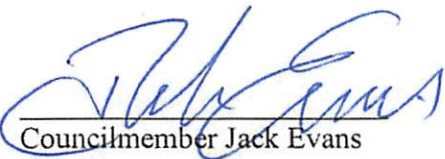
INTRODUCED BY: Councilmembers Gray and Evans

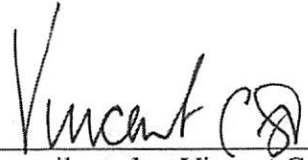
CO-SPONSORED BY: Councilmember Bonds

The Chairman is referring this legislation to the Committee of the Whole.

Attachment

cc: General Counsel
Budget Director
Legislative Services

1 
2 Councilmember Jack Evans
3
4
5
6
7


Councilmember Vincent C. Gray

8 A BILL
9 _____

10 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
11 _____

12 To amend the Helicopter Landing Pad Public Nuisance Act of 1987 to allow hospital
13 helipads as a matter of right.
14

15 BE IT ENACTED BY THE DISTRICT OF COLUMBIA, That this act may be cited as the
16 "Helicopter Landing Pad Amendment Act of 2017".
17

18 Sec. 2. A new paragraph (c) is added to section 2:

19 "(c)(1) This Act shall not apply to the operation of a singular helipad at any
20 hospital in the District of Columbia which:

21 (A) is a certified Level One Trauma Center by the District of Columbia Department of
22 Health per section 20 of the Emergency Medical Services Act of 2008, effective March 25, 2009
23 (D.C. Law 17-357; D.C. Official Code § 7-2341.19); and

24 (B) does not have a helipad on its property as of the date that this legislation is approved
25 by the Council of the District of Columbia.

26 (2) If a helipad is approved per this section and is used for more than 175 round trip
27 flights in a calendar year, the Mayor, per the rulemaking authority provided below, shall review

the flight information for that helipad and take any appropriate action it deems necessary. The Mayor shall communicate the results of its review to the Advisory Neighborhood Commission in which the helipad is located.

Sec. 3. Rules.

"The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 et seq.), may issue rules to implement the provisions of this Act, including but not limited to, receiving comments from effected Advisory Neighborhood Commissions and making a determination if operations of helicopter flights from helipads between the hours 11PM and 5:59AM need to be curtailed for any or all hospital helipads built after this Act is effective.

Sec. 4. Fiscal impact statement

The Council adopts the fiscal impact statement of the Chief Financial Officer as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 6006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect following approval by the Mayor, (or in the event of a veto by the Mayor, action by the Council of the District of Columbia to override the veto), a 30-day period of congressional review as provided in section 602(c)(2) of the District of Columbia Home Rule Act, approved December 24, 1973 987 Stat. 813; D.C. Official Code § 1-206.06(c)(2)), and publication in the District of Columbia Register.



Advisory Neighborhood Commission 2A

"Serving the Foggy Bottom and West End communities of Washington, D.C."

October 18, 2017

The Honorable Phil Mendelson
Chairman,
Council of the District of Columbia
1350 Pennsylvania Avenue NW
Washington, DC 20004
PMendelson@dccouncil.us

RE: Proposed introduction of legislation to establish a helipad at GW Hospital

Dear Chairman Mendelson,

At its regular meeting on September 19, 2017, Advisory Neighborhood Commission 2A ("ANC 2A" or "Commission") considered the above-referenced matter. Having considered a proposed Voluntary Neighborhood Agreement on this topic at a September 7, 2017 special meeting of the Commission – that Agreement having been approved on first reading by a 5-1-1 vote of the Commission – this matter now comes before the Commission for a second reading vote, in the form of this incorporating resolution and reflecting amendments to the Agreement (Attachment A) approved at this meeting.

With 5 of 8 commissioners present, a quorum at a duly-noticed public meeting, the Commission approved the following resolution by a vote of (3-2-0):

Representatives of The George Washington University Hospital ("GW Hospital" or "GWUH") have been engaged in discussions with representatives of ANC 2A and the broader Foggy Bottom community for a period of ten months concerning proposed legislative action that would facilitate the effective repeal of the Helicopter Landing Pad Public Nuisance Act of 1987 (D.C. Law 7-40).

This existent law effectively prohibits the installation of an aeromedical facility at the current GW Hospital building, located at 900 23rd Street NW, by classifying helipads in residential districts that were not installed by June 1987 as "public nuisances."

In recognition of the compelling public health and emergent care policy arguments for the provision of an aeromedical facility at GW Hospital – one of only two Level I trauma centers in the District of Columbia and the only one in the region without a helipad, which would facilitate more rapid patient transport in the service of potentially lifesaving care – ANC 2A is prepared to offer its support for the introduction and passage of legislation that would repeal the current statutory prohibition.

However, given the unique location of the Hospital vis-à-vis its presence in restricted airspace and its close proximity to dense multifamily housing, historic properties, and high-profile commercial, educational, and institutional buildings in the Foggy Bottom neighborhood, the Commission makes its support contingent on the satisfaction of the following two conditions intended to mitigate potential adverse impacts:

1. That GW Hospital enter into the Draft Voluntary Agreement attached to this resolution (Attachment A), and that such Agreement shall be made enforceable through statutory establishment of the community's right-of-action or by modification of language within the Agreement to accomplish the same, by mutual agreement among the parties; and



Advisory Neighborhood Commission 2A

"Serving the Foggy Bottom and West End communities of Washington, D.C."

2. That the legislation introduced and passed in order to effect repeal of the existing statute reflect the language presented in Attachment B, or is otherwise substantially equivalent.

By passage of this resolution, the Commission authorizes the Chair to enter into the Agreement as reflected in Attachment A, provided that sufficient provision has been made to ensure the enforceability of the same.

Commissioner Patrick Kennedy (Patrick.Kennedy@anc.dc.gov) is authorized to be the Commission's representative in this matter, and give testimony on the basis of language contained in this resolution – including attachments.

ON BEHALF OF THE COMMISSION.

Sincerely,

Patrick Kennedy
Chairperson

cc: The Honorable Muriel Bowser; Mayor, District of Columbia
The Honorable Jack Evans; Councilmember, Ward 2
The Honorable Vincent Gray; Councilmember, Ward 7
GWUH Representatives

Attachment A

Voluntary Neighborhood Agreement

Voluntary Neighborhood Agreement

This Voluntary Neighborhood Agreement ("Agreement") is made on this 18th day of October, 2017, by and between George Washington University Hospital ("GWUH") and Advisory Neighborhood Commission 2A Foggy Bottom and West End ("ANC 2A"), also referred to as the "Parties". This Agreement reflects the mutual understanding and desire for cooperation cultivated over several months of conversation between the Parties.

WHEREAS, GWUH, located at 900 23rd Street, NW, Washington, DC 20037 ("GWUH Building"), currently has a Level One trauma center, but does not have a helipad; and

WHEREAS, only one District of Columbia hospital, Washington Hospital Center, has both a Level One trauma center and a helipad; and

WHEREAS, the Parties seek to form an understanding for the construction and operation of an aeromedical helipad at the GWUH Building to serve the District of Columbia and surrounding region; and

WHEREAS, the Parties have identified various conditions that will benefit GWUH helipad operations and ANC 2A's desires for a peaceful and livable community; and

NOW, THEREFORE, in recognition of the above and the conditions set forth in this Agreement, the Parties agree as follows:

Article I. Recitals

The above recitals are incorporated into this Agreement as if fully set forth herein.

Article II. ANC 2A Commitments

- A. ANC 2A will pass a resolution at its October 18, 2017 regularly scheduled meeting supporting while establishing conditions relating to:
 - i. GWUH constructing and operating a helipad on the roof of the GWUH Building; and
 - ii. The DC Council passing legislation that will allow for such GWUH helipad being built and operated on the roof of the GWUH Building.

Article II(A)(i) and (ii) above are conditioned by Article III and Article IV below.

Article III. GWUH Commitments

A. Prevention of disturbances

- i. GWUH will construct, operate, and maintain one and only one helipad on the current GWUH Building that meets FAA standards, the standards of the District of Columbia Building Code, and all other applicable D.C. regulations. The helipad shall support only one medical transport helicopter meeting FAA standards, weighing no more than 15,000 pounds.
- ii. GWUH agrees that the helipad referenced in subsection (i.) above will support operations at the current GWUH facility, specifically, which is for GWUH's bed count limit as set forth in GWUH's Certificate of Need as of the date of this agreement.
- iii. GWUH agrees that by entering this agreement, it will not construct, operate, and maintain any other helipad than that referenced in subsection (i.) above in the Foggy Bottom/West End neighborhoods.
- iv. GWUH will not maintain a fueling station on the GWUH Building for helicopter refueling.
- v. GWUH will not allow a helicopter to park on the GWUH Building unless forced to due to weather, mechanical issues(s), or force majeure.
- vi. GWUH will not allow a helicopter to idle on the landing pad for longer than is reasonably necessary for medical transfer, unless forced to due to weather, mechanical issue(s), or force majeure.
- vii. GWUH will encourage all flight operators to follow a "Fly Neighborly" policy in accordance with best practice guidelines established by Helicopter Association International, so as to minimize any impact of flights to and from the GWUH Building on residential neighbors. The most recent edition of the "Fly Neighborly" guidelines are incorporated into this agreement as "Appendix A."

B. Communication and transparency

- i. GWUH will maintain a 1-800 number available to all residents to call to register any questions or concerns regarding the helipad.
- ii. GWUH will notice ANC 2A within 72 hours following the conclusion of any flight that occurs between the hours of 11:00PM and 5:59AM.
- iii. For years one (1) and two (2) of the helipad's operation, GWUH will meet quarterly to discuss flight times of helicopters which land at the] GWUH Building helipad between the hours of 11:00PM and 5:59AM if requested by ANC 2A.
- iv. GWUH shall provide semi-annual reports to ANC 2A regarding the use of the helipad within fifteen (15) days following the close of the reporting

period.¹ GWUH will also make available, if requested by ANC 2A, a GWUH representative to discuss the report at the next regularly scheduled ANC 2A meeting after the report is provided.

- v. The reports delivered pursuant to subsection (iv.) shall be prepared in accordance with the template provided in "Appendix B" of this Agreement and shall include, at minimum:
 - a. The total number of flights² made in the reporting period;
 - b. The date and time of each flight use of the helipad in the reporting period;
 - c. The purpose of each flight use of the helipad (e.g., inbound or outbound care) in the reporting period;
 - d. A designation that indicates whether each flight use of the helipad was for emergent, noncritical, or mass casualty patient care in the reporting period;
 - e. Type of aircraft used on each flight in the reporting period (if known by GWUH); and
 - f. The path of each flight made to the helipad during the reporting period (if known by GWUH);
 - g. Any additional reporting information or metrics that the parties may establish by mutual agreement.

C. Resolution of concerns

- i. If flights between the hours of 11:00PM and 5:59AM exceed twenty-five percent (25%) of all reported flights to or from the GWUH Building in two (2) consecutive reporting periods, then the Parties will proceed as follows:
 - a. If ANC 2A decides by majority vote to request a meeting with GWUH, then GWUH representative(s) will be made available to meet with a delegation of ANC 2A commissioners to discuss the reasons for these flights and possible solutions. A first meeting shall be held within thirty (30) business days of a request from ANC 2A. Second and third meetings will be held within forty-five (45) days of the first meeting, if needed.
 - b. If no resolution is reached in meetings between ANC 2A and GWUH, then ANC 2A by majority vote can request that the D.C. Department of Health review flights to or from GWUH between 11:00PM and 5:59AM and evaluate whether to impose any limitations on these flights as may be appropriate in order to serve the best interests of the residents of ANC 2A and the District of Columbia.
- c. If no resolution is reached in these meetings, either party may

¹ The "reporting periods" shall be defined as January 1st through June 30th; and July 1st through December 31st of each calendar year.

² For the purposes of this agreement, a "flight" shall be defined as a single take-off and landing pair (e.g., a round-trip) which utilizes the GWUH helipad facility.

request that the Parties retain the services of a professional mediator, the cost of which shall be borne equally by the parties, and who shall meet with the Parties within 30 days of the request to attempt a mediated solution.

- ii. Advisory Neighborhood Commission 2A, by and through the Foggy Bottom Association, and the George Washington University Hospital may pursue a remedy in the District of Columbia Superior Court. This right of action may be used to enforce any section of this Agreement.
- iii. These remedies are provided for in addition to any and all other remedies available to the Parties under law.

Article IV. Exemptions

Certain demands on GWUH facilities are unavoidable and will not count against any commitment stated in Article III(A)(vi), including: flights from a mass casualty event³ that occurs within the District of Columbia, Virginia, Maryland, West Virginia, or Delaware; flights that take place during a State of Emergency as declared by the Mayor pursuant to D.C. 7-2304 et seq.; helipad landing requests from the National Park Police, Metropolitan Police Department, U.S. Secret Service, Capitol Police, Supreme Court of the United States Police, U.S. Homeland Security, D.C. Homeland Security, or other state or federal police departments and their associated emergency management agencies. Notwithstanding the exemptions provided for herein, all such "exempted" flights shall be reported pursuant to Article III(b) of this Agreement.

Article V. Mutual Cooperation

GWUH and ANC 2A agree to cooperate with each other in the performance of this Agreement without unreasonably disrupting their normal operations or incurring any out-of-pocket costs or expenses (except as expressly provided in this Agreement or otherwise agreed to in writing by the Parties).

Article VI. Notice

All notices and requests to a party hereunder shall be in writing and shall be effective (i) when received by overnight or same day courier service or facsimile telecommunication (provided that a copy of such notice or request is deposited into the United States mail within one (1) business day of the facsimile transmission), (ii) three (3) days after being deposited into the United States mail (sent certified or registered, return receipt requested), or (iii) via electronic mail (sent with delivery or read receipt), in each case addressed as follows (or to such other address as either party may designate in writing to the other party in accordance with this Article): Via electronic mail (sent with delivery or read receipt).

³ As defined in the District of Columbia Mass Casualty Trauma Plan, for the purposes of this agreement, a "mass casualty event" shall be defined as a singular incident resulting in nine or more casualties.

All notices and requests will be addressed as follows (or to such other address as either party may designate in writing to the other party):

To GWUH:

Name: George Washington University Hospital
Address: c/o The office of the Chief Executive Officer
900 23rd Street, NW suite G-2054
Washington, DC 20037
Telephone: 202-715-4006
Facsimile: 202-715-4015
E-mail: Kimberly.Russo@gwu-hospital.com

To ANC 2A:

Name: Patrick Kennedy
Address: 532 20th Street NW Apt. 312
Washington, DC 20006
Telephone: 202-630-2201
Facsimile: N/A
E-mail: 2A01@anc.dc.gov

Article VII. Execution in Counterparts

This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Execution and delivery of this Agreement by facsimile or electronic mail shall be sufficient for all purposes and shall be binding on any party to the Agreement.

Article VIII. Entire Agreement

This Agreement constitutes the entire Agreement and understanding of the Parties with respect to the helipad. No oral or other written provisions shall have any force or effect except those contained in a written amendment to this Agreement executed by the Parties or as specifically provided for in this Agreement.

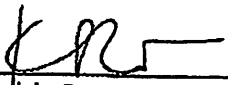
Article IX. Severability

The Parties agree that if any part, term or provision of this Agreement is held to be illegal, unenforceable or in conflict with any applicable federal state or local law or regulation, such part, term, or provision shall be severable, with the remainder of the Agreement remaining valid and enforceable.

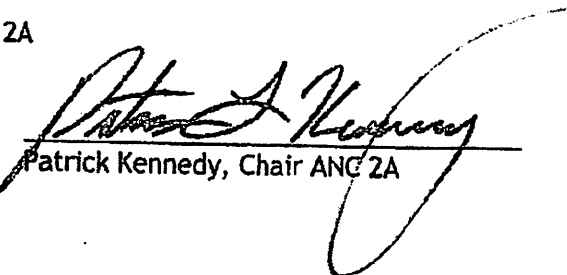
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IN WITNESS WHEREOF, the Parties, through their authorized representatives, have executed this Voluntary Neighborhood Agreement between George Washington University Hospital and Advisory Neighborhood Commission 2A Foggy Bottom and West End.

GEORGE WASHINGTON UNIVERSITY HOSPITAL

By: 
Kimberly Russo, CEO, The George Washington University Hospital

ANC 2A

By: 
Patrick Kennedy, Chair ANC 2A

Attachment B

**Proposed DC Council Legislation
Language**

A BILL

IN THE DISTRICT OF COLUMBIA

To amend the Helicopter Landing Pad Public Nuisance Act of 1987 to allow hospital helipads as a matter of right.

BE IT ENACTED BY THE DISTRICT OF COLUMBIA, That this act may be cited as the "Helicopter Landing Pad Amendment Act of 2017".

Sec. 2. A new paragraph (c) is added to section 2:

"(c)(1) This Act shall not apply to the operation of a singular helipad at any hospital in the District of Columbia which:

(A) is a certified Level One Trauma Center by the District of Columbia Department of Health per section 20 of the Emergency Medical Services Act of 2008, effective March 25, 2009 (D.C. Law 17-357; D.C. Official Code § 7-2341.19); and

(B) does not have a helipad on its property as of the date that this legislation is approved by the Council of the District of Columbia.

(2) If a helipad is approved per this section and is used for more than 175 round trip flights in a calendar year, the Mayor, per the rulemaking authority provided below, shall review the flight information for that helipad and take any appropriate action it deems necessary. The Mayor shall communicate the results of its review to the Advisory Neighborhood Commission in which the helipad is located.

Sec. 3. Rules.

"The Mayor, pursuant to Title I of the District of Columbia Administrative Procedure Act, approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*), may issue rules to implement the provisions of this Act, including but not limited to, receiving comments from effected Advisory Neighborhood Commissions and making a determination if operations of helicopter flights from helipads between the hours 11PM and 5:59AM need to be curtailed for any or all hospital helipads built after this Act is effective.

Sec. 4. Fiscal impact statement

The Council adopts the fiscal impact statement of the Chief Financial Officer as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 6006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

Sec. 5. Effective date.

This act shall take effect following approval by the Mayor, (or in the event of a veto by the Mayor, action by the Council of the District of Columbia to override the veto), a 30-day period of congressional review as provided in section 602(c)(2) of the District of Columbia Home Rule Act, approved December 24, 1973 987 Stat. 813; D.C. Official Code § 1-206.06(c)(2)), and publication in the District of Columbia Register.

3/12/18 Testimony of Barbara Kahlow
on B 22-579, Helicopter Landing Pad Amendment Act of 2017

I, Barbara Kahlow, live at 800 25th Street, N.W. in the Foggy Bottom part of Ward 2. Thank you for allowing me to be the first witness today. Today, I am representing the West End Citizens Association (WECA), one of the oldest citizens associations in DC (we began in 1910). The WECA is primarily interested in maintaining the quality of life for the existing residential community in Foggy Bottom-West End.

I am testifying in opposition to B 22-579, a proposed bill to amend current protective law (authored by former Ward 2 Councilmember John Wilson) which prohibits any new helipads in residential areas, including specifically for the George Washington University (GWU) Hospital in Foggy Bottom. On February 1, 2018, the WECA Board voted to oppose B 22-579.

In fact, the other major Foggy Bottom-West End citizens association (the Foggy Bottom Association) took no position on this bill since its members were split. And, the Foggy Bottom-West End Advisory Neighborhood Commission (ANC-2A) took a 3-2 vote of its 8-Member Commission¹ for conditional support of the bill. However, one of the 3 'yes' votes resigned from ANC-2A shortly thereafter due to her graduation from GWU and move outside of Foggy Bottom-West End. So, the ANC was also split and should not be given "great weight" in this instance.

In addition, the ANC's basically meaningless and toothless "Voluntary Neighborhood Agreement" with the GWU Hospital (which was dated before the ANC vote²) does not even provide a maximum cap (earlier drafts included a 175 flights per year cap) or limit flights to only 'mass casualty' (i.e., not also non-critical, etc.) events. It also provides for a laundry list of "exemptions," leading to an unknown number of flights (even from WV and DE) and at an unacceptable level. Lastly and most importantly, there are no enforcement provisions to protect our residential community.

As acknowledged by Patrick Kennedy, then Chair of ANC-2A, the overwhelming number of resident comments in writing to him or orally stated at various ANC meetings held strong views in opposition. So, although there is some limited support in the community, the vast majority of permanent residents are in strong opposition to this bill.

Today, I will discuss three significant areas of WECA's objection:

(a) **safety** due to helicopter accidents, such as those for the former helipad on the NYC Pan Am building which led to discontinuation of all flights.

(b) **damage** to the Foggy Bottom Historic District homes – apparently, hospital providers in others communities – none of which are in an historic district as far as we know – have paid for structural analyses, new windows, damage, etc. but the GWU Hospital is unwilling to do anything to protect vibration damage to our fragile homes.

¹ As for the three other Commissioners, one (William Kennedy Smith) recused himself since he was negotiating with GWU Hospital for work and two were absent from the 10/18/17 ANC meeting.

² The agreement states, "ANC 2A will pass a resolution at its October 18, 2017 regularly scheduled meeting supporting ..."

- (c) **noise** - GWU Hospital will not agree to even follow Reagan DCA's restricted late night flight hours; instead, GWU Hospital even wants to operate flights after 11 PM and until 6 AM – the one-day helicopter test by the GWU Hospital resulted in reported objectionable noise by most respondents to the 'survey' and the October 8, 2017 Army Ten-Miler race produced not only deafening noise and widespread building vibrations but terrifying close helicopters to our homes, including my 7th floor apartment.

In addition, on February 2, 2017, the WECA met with two GWU Hospital staff and a lobbyist for the Hospital and were disappointed that the promised follow-up meeting which the WECA had requested the Hospital to convene with DDOT, the WECA, and the Hospital was never convened. This objection was re-raised when the Hospital attended a March 25, 2017 WECA Membership meeting. What a disappointment! In addition, the excellent analysis by a Foggy Bottom resident expert (John P. George Director, CGI Digital Innovations Group, Health Industry Community) about the various economic reasons for the proposed GWU Hospital helipad were never addressed by the Hospital. I hope that you will also hear from this expert later today.

The WECA would like the Committee to consider the following amendments to B 22-579³:

- (1) To ensure residential **safety**, amend Sec. 2 to provide that if there is even one accident, the helicopter pad will be shut down permanently.
- (2) To remediate **damage**, amend Sec. 2 to provide that if any homes in the Foggy Bottom Historic District are damaged by the helipad's vibrations, GWU Hospital will pay for full restoration.
- (3) To remediate objectionable **noise**, amend Sec. 2 to provide that if the late operational hours (between 11 PM and 6 AM) produce objectionable noise, all such late hours will be permanently discontinued.
- (4) Amend Sec. 2 to include a hard cap of 175 flights a year and for mass casualties only.

Thank you for your consideration of our views.

³I previously served as a Congressional Subcommittee Staff Director; so, I have knowledge of the legislative process – from bill introduction to amendments to a vote.

**TESTIMONY BEFORE THE COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE OF THE WHOLE IN SUPPORT OF
B22-0579, THE HELICOPTER LANDING PAD AMENDMENT OF 2017**

**Marina Streznewski
March 12, 2018**

Good afternoon. My name is Marina Streznewski. I am resident of Foggy Bottom, and am here today testifying as an individual, not on behalf of any organization. I am here to testify in favor of B22-0579, the Helicopter Landing Pad Amendment of 2017.

A number of years ago, I was certified as an Emergency Medical Technician. Both before and after I was certified, I volunteered in emergency rooms, notably the ER at the Washington Hospital Center. There I observed and assisted in patient care in a variety of situations. And when it wasn't busy in the regular ER, I and my fellow volunteers were able to visit MedStar, the first Level 1 Trauma Center in the District.

Watching how a trauma team manages the care of a patient with severe injuries is an extraordinary experience. Each member of the team knows exactly what to do, and does it quickly, carefully, and professionally. The exceptional skill of such teams has saved many lives – lives that decades ago would have been lost.

But to be effective, the trauma team must receive patients as quickly as possible. There is something called the Golden Hour – that is the time from the injury until the patient is on the table in an operating room. Critical to getting the patient to that operating room within the Golden Hour is rapid transport to the hospital. Minutes matter.

Currently, hospitals without Level 1 Trauma capacity request transport because their patients need the specialized care that GW and the Hospital Center can provide. In the case of GW, a helicopter will pick up the patient from the sending hospital and transport them to the South Capitol Street Heliport in southwest Washington, near Nationals Park. Then the patient is transported by ambulance from the heliport to GW Hospital. Anyone who has experienced DC traffic can see why patients have died in traffic during ambulance transport.

You will hear today from people who object to the helicopter landing pad for two main reasons – safety and noise. I am here to refute these concerns in general terms. Others with better qualifications will provide more detailed information.

Aeromedical helicopter transport is extremely safe. To quote one of my neighbors who supports the helipad, "you are way more likely to get hit by a car than for an [aeromedical] helicopter to crash." In fact, according to the Federal Aviation Administration and the National Transportation Safety Board, aeromedical helicopters landing at hospitals have a perfect safety record. These helicopters do not fly in inclement weather. And as 75 percent of interhospital

transfers take place during daylight hours, only 25 percent of aeromedical flights can be expected to occur in the evening.

According to a study conducted by KBR Wyle in late March and early April of 2017, there was only one location along any of the potential flight paths from the South Capitol Street heliport to GW Hospital where helicopter noise (94 db) exceeded ambulance noise (89 db). That location is my house. My husband and I live directly across the street from the corner of the GW Hospital where the helicopter landing pad would be located. Yes, the helicopter is loud. But it is loud for about 90 seconds at a time, at landing and at takeoff. And it is only about five decibels louder than an ambulance.

In sum, I strongly support passage of the Helicopter Landing Pad Amendment Act of 2017 to allow the George Washington University Hospital to build a helipad on the roof of the hospital. It will facilitate helicopter transport of patients to the only Level 1 Trauma center on the west side of the District. That rapid transport will save lives.

And if I am awakened by 90 seconds of a helicopter taking off or landing less than 400 feet from my bedroom window, that's perfectly OK. I will know that a critically injured human being has a much better chance of survival.

Thank you for this opportunity. I will be pleased to answer questions.

Maisha M. Hughes
825 New Hampshire Ave., NW, 506, DL 20037
CEO, WATERGATE Senior Initiative
Testify regarding

Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

on

Monday, March 12, 2018
1:00 p.m., Hearing Room 500, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

Table of Contents

1. Reasons why helicopters are dangerous and not needed.
2. Over 150 signatures of the opposition
3. Articles on impact of Noise on people
4. Maisha Hughes' Civic Ass'n citation

Marija H. Hugler
825 New Hampshire Ave., 506, DC 20037
CEO, Watergate Senior Initiative

Testify regarding

Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

on

**Monday, March 12, 2018
1:00 p.m., Hearing Room 500, John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004**

Marija Hugler testifying on behalf of
Watergate Senior Initiative, financed by
DC Dept. of Aging.

Seabury drove over 4,200 seniors to
grocery stores, a year.

We disagree with the ANC's decision
on this issue.

GWU proposal is:

A. Bad change for the neighborhood.

1. there is a material change to the neighborhood because helicopters have never been there before.
2. the current design of the hospital takes into account it's location in a residential neighborhood
 - Ambulances drop off on Washington Circle, not 24th + I streets.
 - ER entrance on 23rd St at Subway entrance, not 24th St. Side.
3. Helicopter not compatible with neighborhood and no way to design to minimize impacts as was done with hospital ER location.

B. UNSAFE

1. White House no fly zone immediately adjacent to hospital
2. Hospital is close to State Dept. + Navy Annex, + Kennedy Center + Saudi Embassy.
3. GWU location not like other hospitals because major additional helicopter traffic from CIA, MPD, Marine T, Coast Guard, etc.
4. Also many low flying airplanes flying to and from DCA,
So helicopters have to fly extra low.
→ Low flying helicopters are an added danger to residents in Foggy Bottom's relatively tall buildings.
5. Line of approach to block by helicopter is very short and crowded.

C. No need for helicopters at GWU.H.

1. there are 3 other hospitals in DC with helicopter access.

a. Washington Hospital Center

b. Georgetown University Hospital

c. Sibley Hospital ^{why}

2. GWU has not shown ^{why} its desire for a helipad is more important, than resident's desire to live in peace.

Conclusion

D. I hope you will take into account these concerns of residents as you contemplate changing the law for the benefit of GWU Hospital.

Thank you very much

Oppose the GWU Hospital Proposal for Rooftop Helipad (EMS) helicopters.

We oppose the helipad for safety reasons.

Keep the DC ban for no helicopters in residential neighborhoods.

The proposed flight path along the river, turn at Virginia Avenue and up New Hampshire Avenue to land on the roof at the GWU hospital.

In addition to safety, we are greatly concerned about the extreme noise and regular disturbances to our residents, tourists, students, metro riders, outdoor diners, and visitors to Kennedy Center and Farmer's Market. Foggy Bottom is a very busy neighborhood many pedestrians and bikers.

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11	HELEN CALDWELL	2500 VIRGINIA NW DC	—
12	Locke Eldridge	1102 25th St NW	—
13	Zhan li Zhou	825 New Hampshire Ave NW	—
14	Ding ding Zhang	825 New Hampshire 503	—
15	Yi Min	825 New Hampshire 505	—

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Nate Prych

2475 VIRGINIA AVE NW
#629

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**Let DC City Council Know - Keep Foggy Bottom Safe!
Oppose Helipad for GWU Hospital**

Safety - Noise - Redundant Services - No Evidence of Need

We live here and we VOTE! Yes, we are greatly concerned about the extreme noise and regular disturbances to our residents, tourists, students, metro riders and the Farmer's Market a helipad would bring. Foggy Bottom is a very busy neighborhood. A helipad is sure to bring unwanted unsafe consequences. The recent ANC vote on the helipad does not represent our view.

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The next step is a Council Committee of the Whole (chaired by Phil Mendelson) hearing where we all need to testify. The hearing has NOT yet been noticed for a date, time, room #. After noticed, we each need to sign up in advance to be on the witness list.

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Diana Reed	724-699-5270		
JOHN REED	- FUTURE RESIDENTS OF AREA		

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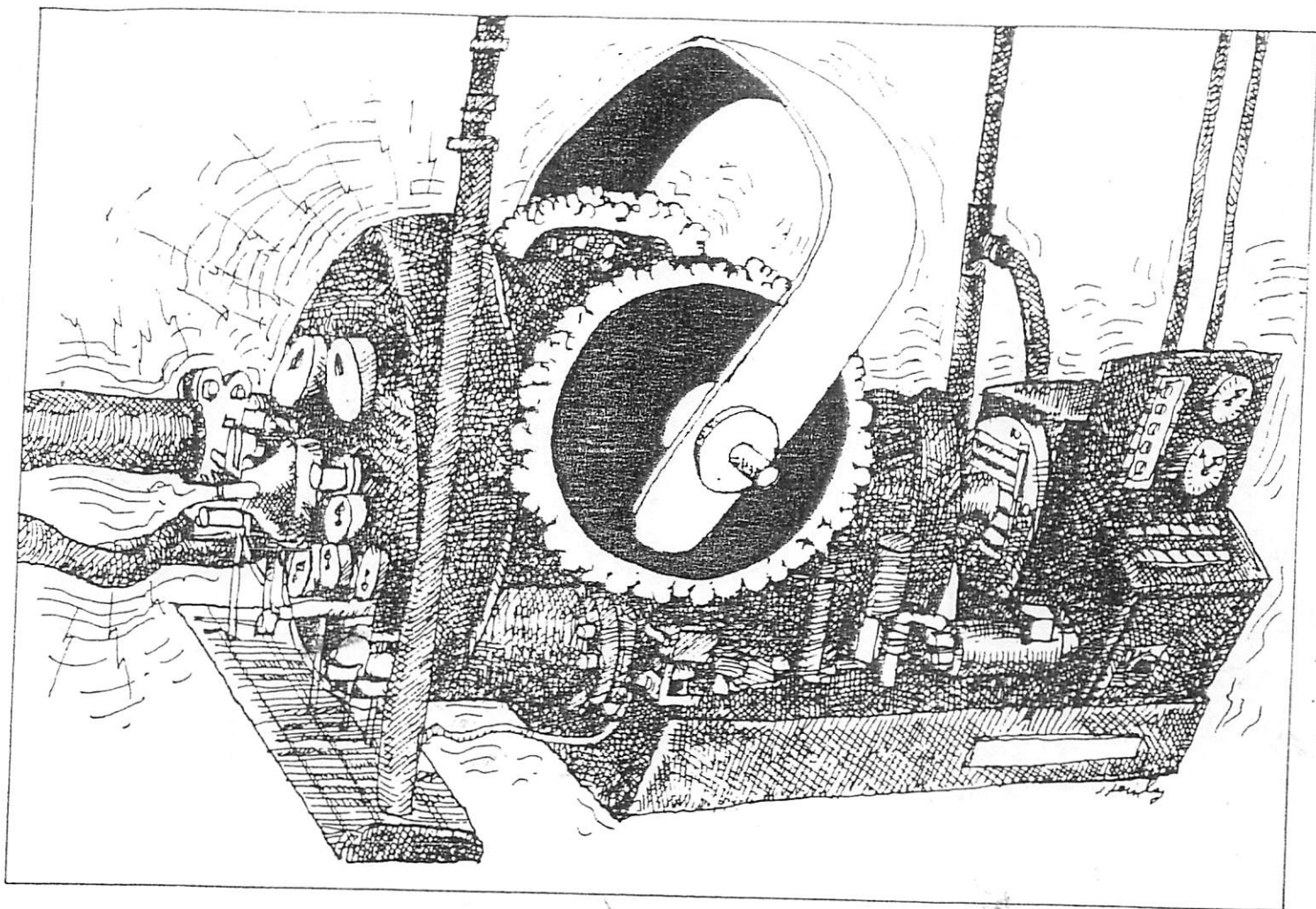
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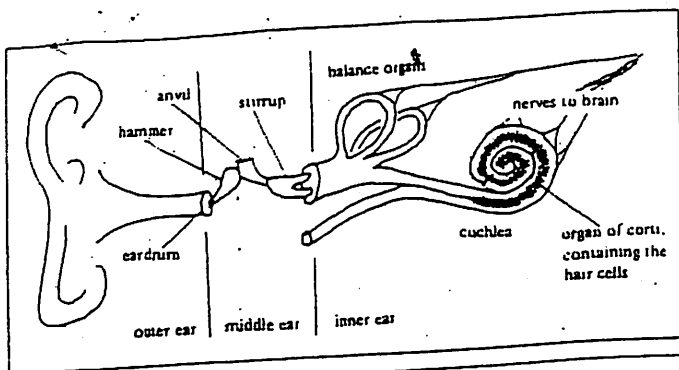
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NOISE CONTROL



A Worker's Manual



How the Ear Works:

When sound vibrations hit the outer ear, the eardrum itself begins to vibrate. Connected to the eardrum in the middle ear are a series of bones which transmit the vibrations to the inner ear. A special snail-shaped organ called the cochlea in the inner ear finally receives the vibrations. In the cochlea there are thousands of tiny hair cells. These hair cells are very important since they change the vibrations into nerve impulses (the "message" of the sound) which are sent to the brain and the rest of the body.

Noise Damages the Tiny Hair Cells in the Inner Ear.

Too much noise will wear out the hair cells. Photographs taken through an electron microscope show the hair cells broken, bent out of shape, and completely missing as a result of noise.

The Upper Range of Hearing is Lost First, Interfering with Conversation.

The hair cells which are destroyed first are the ones which transmit high frequency sounds. A high frequency sound like the letter "S" will not be heard even though a low frequency sound like the letter "O" will be heard.

As you start to get deafened, at first you can't hear plurals, then, for example, you can't distinguish between fifteen and sixteen. Finally you can't understand what people are saying even though you can hear that they are talking.



Words may sound like grunts—"pass the sugar" may sound like "ar uh ugar." This is a gradual process, and not all people are affected equally. Perhaps it is too gradual for you to realize it's happening.

One day, someone says: "Didn't you hear what I said? I think you must be getting a little deaf. Your ears are getting a bit deaf at your age. Perhaps it's in

deafened people suffer, can make you withdrawn, nervous to speak, isolated, miserable.

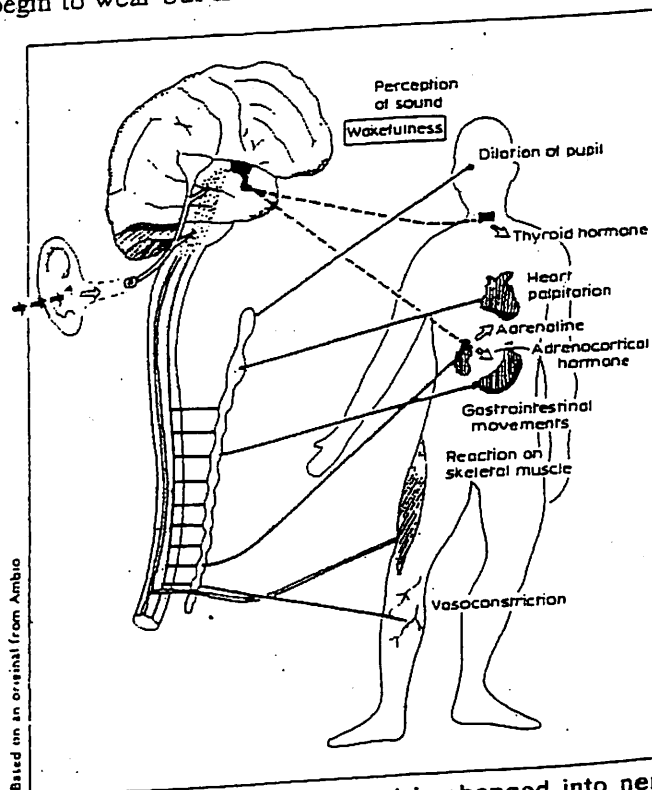
Noise Can Contribute to Nervousness, Anxiety, and Ulcers.

The nerve impulses sent to the brain are also sent to the rest of the body which stimulate various glands that produce hormones, like adrenalin.

Everyone knows a sharp noise in a quiet setting causes a person to startle. Constant levels of high noise causes a more or less similar body reaction: the body tenses and adrenalin flows.

Or to give a slightly different comparison, the sound of a grizzly bear growling behind you on a camping trip causes a certain stress reaction on the body. Constant exposure to loud noise can cause a similar reaction of stress.

In some cases this "alert" reaction is good since it helps a person avoid danger. But if the body is forced to remain tense and alert for long periods of time, it will begin to wear out and deteriorate.




As sound reaches the ear and is changed into nerve impulses sent to the brain, additional impulses are transmitted which reach the body's central nervous system and hormonal systems. The effects of noise on the entire body is thought to be caused in this manner.

Noise May Contribute to Heart Disease.

Exposure to loud noise can cause the blood vessels to constrict. Thus, the heart has to work harder to pump the same amount of blood around. Through the years this may contribute to heart disease.

One recent study has indicated that workers in high noise areas have more blood circulation problems and heart problems than workers in non-noisy areas. Although other factors may be involved, it seems clear that noise contributes to these medical problems.



a frequency that falls within the usual spectrum of hearing.

Duration

Noise is time variable. Constant noise is usually defined as less than five dBA variations in sound; variable noises infer greater than five dBA changes in pressure. The duration of sound is important as reflected in the laws of the United States Occupational and Safety Health Administration (OSHA) limiting daily exposure rates. The current permissible exposure level in industry is 85 dBA over an eight hour period. However, with each five dBA increase in noise levels the permissible exposure time is reduced by one-half.

Health Effects

Noise irritates and creates human stress. It interferes with sleep and reduces human efficiency. Noise can raise blood pressure and it has been linked with triggering stomach ulcers. The latter appears due to noise affecting the regulation of the endocrine system.

It is the hearing system itself that is subject to serious disorders as a result of excessive noise. Even at 80 dBA some individuals experience temporary hearing loss. Today, listening to electronically amplified music is a concern because such noise levels can exceed 95 to 100 dBA, resulting in permanent loss of hearing.

Quality of Sound

The quality of sound as perceived by humans is a function of the relative intensities of sound levels in each region of the audible spectrum.

The spectrum of sound from Example A is balanced, having its sound energy spread over a broad frequency range. Example B shows sound at the same pressure level but limited to the lower frequencies. Example C shows a similar sound level but is restricted to the higher frequencies.

Source A will be much more acceptable to the human ear, peaks in the low frequencies (B) may become obtrusive as hums

Noise irritates and creates human stress. It interferes with sleep and reduces human efficiency. Noise can raise blood pressure and it has been linked with triggering stomach ulcers.

or rumbling noise, whereas peaks in the higher frequencies (C) may produce whines or hisses.

This requirement for a balanced distribution of sound energy over a broad frequency range gives insight into the use of added background sound for masking purposes in areas such as open plan offices.

For the design engineer, the goal is to produce an office with a well-balanced, bland sounding spectrum. Usually the acoustical designer must balance the sound within an office from four different sources:

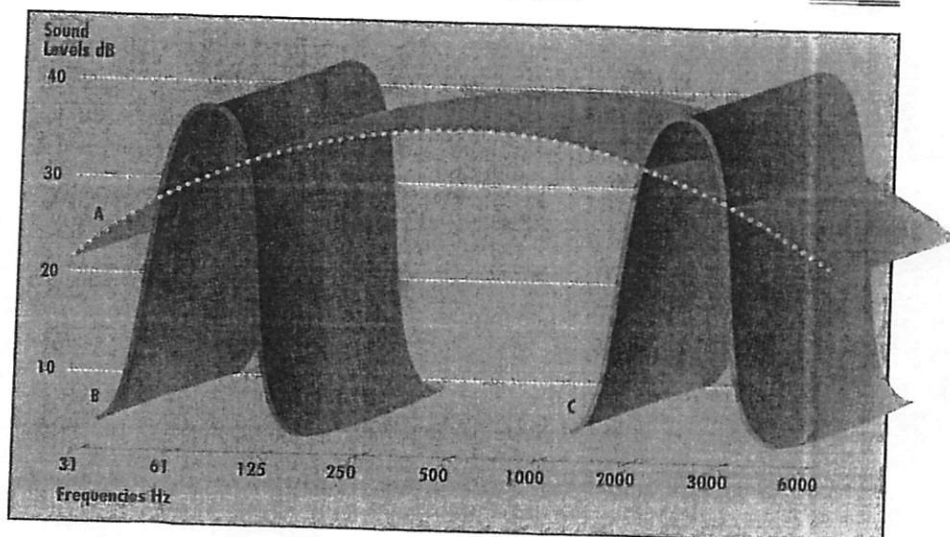
- External noise from traffic, aircraft, construction activity, etc.
- Occupational noise from people, speech, radios, etc.
- Building sources from HVAC equipment, compressors, boilers, elevators, etc.
- Equipment sources from faxes, phones, copiers, etc.

During the building design stage the background sound levels that will be produced by the building system should be defined. These specifications should be

written in terms of the Room Criteria as defined in the ASHRAE Handbook 1987, Chapter 52. This suggested guide provides criteria for attaining a well-balanced sound spectrum for a wide selection of areas including residences, offices, hospitals, churches and schools etc. The ASHRAE handbook can provide further information on design criteria, insulation, sound control problems and the physics of sound and vibration research.

Sound Cancellation

The traditional methods of silencing noises were based on mufflers or absorbents of noise. Carpeting and floor surface coverings, drapes, and acoustic ceilings all make a major contribution to reducing noises in large open rooms. They, like the acoustic hoods fitted across noisy printers, absorb the sound waves. Such techniques are, however, relatively ineffective at removing low frequency noise. Fortunately new techniques of sound cancellation are now available which are especially suited for low frequency noise. These techniques, using microcomputer hardware, generate inverse sound waves. A mirror image of the original sound wave is produced and is sent back to the source of sound. The peaks and troughs of the two sound waves cancel each other out, resulting in silence. This novel and remarkably effective approach allows the systems engineer to "turn on the quiet."



Attachment 2

FROM CONSUMER REPORTS

Hearing loss has a wide social impact

We've known for a while that hearing loss can increase the risk of depression and issues related to concentration and memory, and possibly even dementia.

Now, mounting research, including a recent British review of studies, suggests that hearing problems can take a significant toll on relationships with spouses, children, friends and co-workers.

"Hearing loss is a family issue, not just an individual one," explains Catherine Palmer, director of audiology and hearing aids at the University of Pittsburgh, who was not involved in the British research. "It's long been understood that a person with hearing loss may start to withdraw from social situations, but there's been less focus on the effects on their partners — the social isolation as well as the burden of being a loved one's 'ears.'"

Here's what to know about this research and how to curb social problems related to hearing loss.

What the research shows

The research, conducted at the University of Nottingham and published in the journal *Trends in Hearing*, looked at more than 70 previous studies on the complaints made by people with hearing loss and those closest to them.

"We found that hearing loss impacted people's social relationships in all facets of their life," says lead study author and audiologist Venessa Vas. "Oftentimes, both parties became depressed and socially withdrawn."

Spouses, in particular, reported feeling anxious and stressed about their partners' hearing loss. "The whole process is draining for them, as they often have to serve as another set of ears, answering the phone and translating conversations," Vas explains.

The emotional issues and deterioration of social relationships may go unnoticed for a while



ISTOCK

because they usually intensify gradually, says James Denny, chief executive of the American Academy of Otolaryngology.

"First, people start showing a little bit of anxiety or depression," he says. "Then, as social interactions become more and more frustrating, they stop playing golf, they stop going out to dinner, they stop playing cards with friends because they are the only one who can't hear the jokes at the table."

Eventually, Denny notes, "both partners start to feel resentful of one another, and lonely, which leads to even more depression, and then more health risks from social isolation."

Knowing when there's a problem

It can be difficult to determine when hearing is faltering — particularly if it's gradual — and some are reluctant to admit there's a problem. "There's a lot of stigma involved, particularly among men, who see it as admitting that they're not what they used to be, that they're getting older," Denny says.

Although current guidelines recommend a hearing test every three years after age 65, have one done earlier if you notice any of

the following in yourself or a loved one:

- Conversations sound muffled, almost as if you're underwater.
- It's hard to decipher consonant sounds. "Vowel sounds are made at lower frequencies, which are easier to hear," Denny says.
- Hearing in settings with background noise, such as restaurants, is difficult.
- You are constantly asking people to speak more slowly or repeat themselves.
- You turn the TV up so loudly that others complain.

Tools to help hearing

If you or a loved one are found to have hearing loss, hearing aids might be appropriate, depending on the cause and degree.

For some people, a more modest tool might be sufficient, our experts say. If you only have trouble hearing someone on the other end of a phone line, for instance, using an amplified or captioned phone may be enough, Denny points out.

"If an individual is primarily at home watching television and communicating with one or two family members, a simple device like an inexpensive amplifier with

a headset or ear buds may they need, along with some appropriate communication strategies," Palmer says.

Some people with mild to moderate hearing loss might be helped by an over-the-counter device called a personal sound amplification product, or PSAP, according to a study published in July in the *Journal of the American Medical Association*. However, some companies allow their PSAPs to magnify sound above 80 decibels, which may be harmful, Denny says. If you do use a PSAP, make sure it's set below that level.

Tips for communicating more clearly

Several simple strategies can enhance communication between those with hearing loss and others, Palmer says. These include:

- Facing someone as you talk to them, so you can hear them more clearly and possibly even read their lips.
- Making sure you have good lighting, so you can see the other person's face, and asking them to talk slowly and distinctly.
- Creating an environment to help hearing. For instance, during a conversation, turn off extraneous sound sources, such as a TV or running water. Changing old habits that can interfere with hearing, such as calling to a spouse from another room, is also important.

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***Federation of Citizens Associations
of the District of Columbia***

1995 Award

to

Marija Hughes

for

Anticipation of Future Problems


Stephen Koczak
President

March 12, 2018
Written Testimony of Seth I. Heller

Written Testimony of Seth I. Heller
In Support of Bill 22-579, *Helicopter Landing Pad Amendment Act of 2017*
Before the Committee of the Whole
Council of the District of Columbia
March 12, 2018



Chairman Mendelson and distinguished Councilmembers of the District of Columbia:

Seven months ago tomorrow my Mother, my Brother and I eulogized Mark A. Heller, my wonderful father, a devoted husband and a brilliant attorney. My Father passed away at the age of seventy (70) from a subdural hematoma—an often treatable type of brain hemorrhage—that, if promptly treated, might not have been fatal. He was deprived of an opportunity to receive prompt intervention because George Washington University Hospital (“GW”) does not have a helipad on site. I am here today to do everything in my power to ensure that what happened to my Father and family never happens again.

On August 9, 2017, my Father was rushed to Sibley Memorial Hospital’s (“Sibley”) Emergency Room. It was determined that he had a subdural hematoma and needed emergent surgery that Sibley was not equipped to perform. GW had the most immediate availability to operate on my Father and the decision was made to transfer him to GW. Given my Father’s acute condition, time was of the essence, surgery was the only option for saving his life, and a Medevac helicopter was ordered to facilitate transferring him the approximately 4.5 miles from Sibley to GW. The decision to send my Father by helicopter to GW might have cost him his life because it took over three hours to get my Father from Sibley into surgery at GW. It is shocking to think that the Medevac helicopter flew over GW only to land by Nationals Park before sending my Dad by ambulance back to GW. I was in California when this happened and it is an understatement to say that I was bewildered and heartbroken to learn that my Father spent his final three-plus hours of consciousness traveling by helicopter and ambulance from Sibley to GW instead of receiving immediate surgical care. In 2017, and today, such inefficiency is unacceptable and inexcusable. We will never know with certainty whether my Father’s life would have been spared by more immediate surgical intervention, but he deserved that opportunity and if GW’s helipad was on site I think he would be here today.

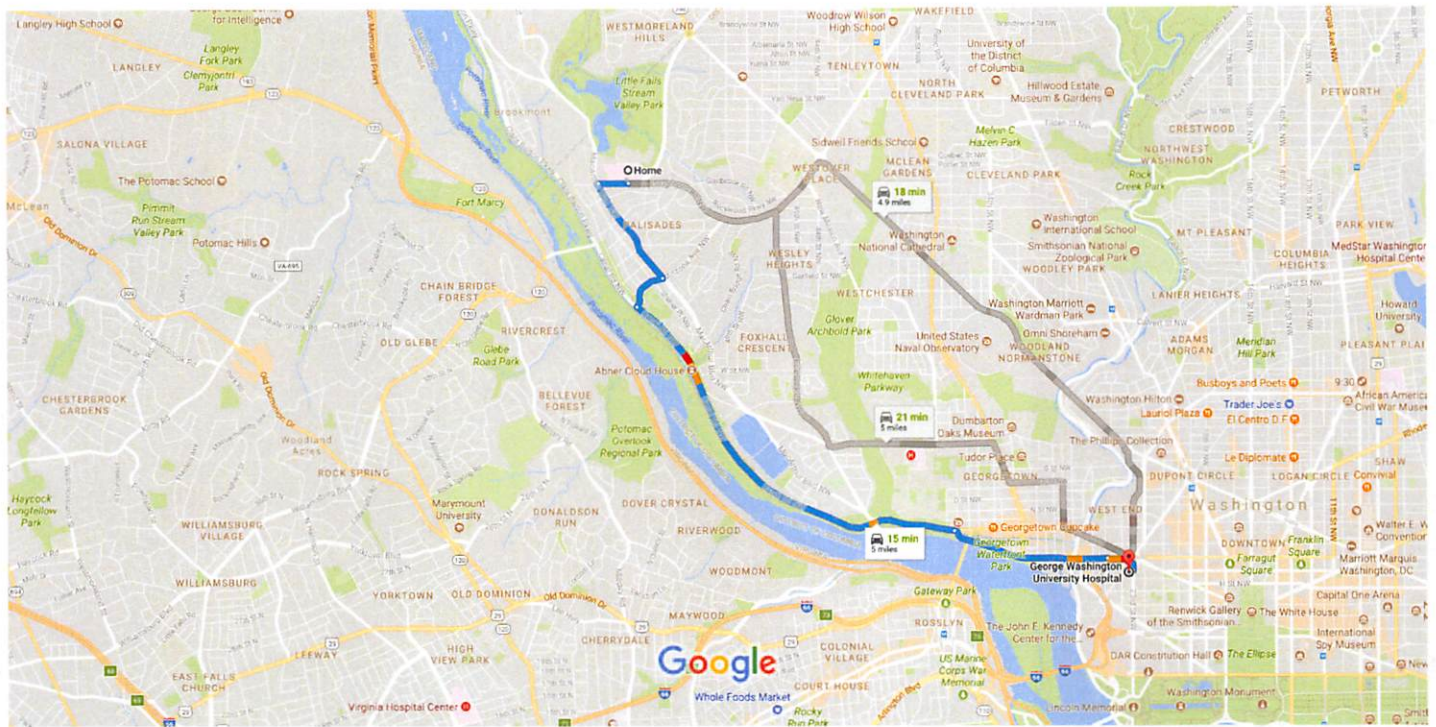
Based on my understanding of GW’s noise study and the safety record of medical helicopters, any opposition to this Bill is selfishly and senselessly prioritizing what is, at most, a minor sound nuisance over human lives. In my view, the proposed limits on round trip flights and operating hours is an unfortunate compromise that ultimately constrains GW’s ability to save lives. I certainly wish I was able to determine what time my Father was going to suffer his medical emergency, I would have picked a day I was in town and would have personally driven him to GW instead of Sibley. But that is impossible because we all know that emergencies are almost always out of our control.

This Bill is necessary to save lives and the built-in concessions to appease local residents concerned about potentially inconvenient helicopter noise should remove any doubt that supporting this Bill is the right thing to do. I thank you in advance for supporting this Bill and I welcome any questions from the Committee.



Sibley Memorial Hospital to George Washington University Hospital

Drive 5.0 miles, 15 min



Map data ©2018 Google 2000 ft



via Canal Rd NW

Fastest route, if the usual traffic

15 min

5.0 miles



via Massachusetts Ave NW

18 min

4.9 miles



via Foxhall Rd NW

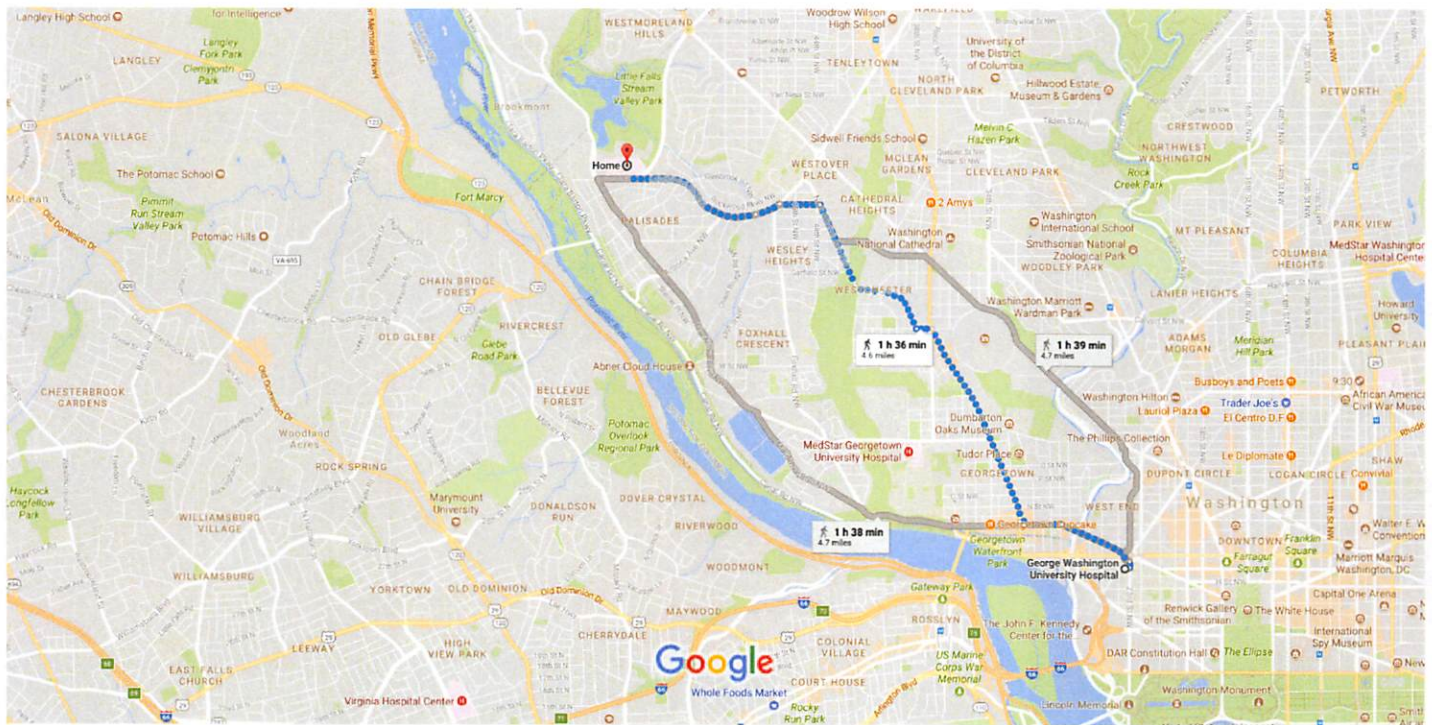
21 min

5.0 miles



George Washington University Hospital to Sibley Memorial Hospital

Walk 4.6 miles, 1 h 36 min



Map data ©2018 Google

2000 ft



via Wisconsin Ave NW

1 h 36 min

4.6 miles



via MacArthur Blvd NW

1 h 38 min

4.7 miles



via Massachusetts Ave NW

1 h 39 min

4.7 miles

↑ 417 ft · ↓ 249 ft



384 ft

43 ft



Mark A. Heller

In Memoriam (1947-2017)

Goodwin is mourning the death of our partner Mark A. Heller, an accomplished FDA lawyer who practiced in the firm's Washington, D.C. office for more than 10 years.

Mark, 70, died Thursday, August 10, after a brief illness. He is survived by his wife, Barbara, of Bethesda, Maryland, and their sons Seth and David.

Mark joined Goodwin in 2007. As a member of the firm's Life Sciences Practice and leader of its FDA practice, his work at Goodwin, and previously at Hale & Dorr (WilmerHale) and Patton, Boggs & Blow (Squire Patton Boggs), focused on the complex regulation of food, drugs and medical devices. His tenure at the FDA, where he served as Associate Chief Counsel for Medical Devices, included working with the office of the late Senator Edward M. Kennedy (D-MA), then Chairman of the Senate Committee on Labor and Human Resources, to help develop the Safe Medical Devices Act of 1990.

Mark graduated with honors from the University of Wisconsin-Madison, and returned to his alma mater to earn his law degree. He spent more than 15 years in public service before beginning private practice.

Widely hailed as one of the nation's leading FDA lawyers, Mark was as humble as he was confident. Blessed with a keen intellect, encyclopedic knowledge and impeccable judgment, he guided his clients through the thorniest regulatory issues with a compelling command of the law and the complexities at hand.

Exceptionally loyal to his clients, colleagues and friends, Mark had a big heart and supported those he worked with unconditionally. A devoted husband, father and colleague, Mark was passionate in all his pursuits, but most of all he loved spending time with his family and friends.

We will miss him.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon and thank you for this opportunity to speak to the Council. My name is Marsha Williams. I am a life-long resident of DC and live in Ward 8 in Anacostia. I am here to request that you approve the helipad for GW Hospital.

I would not be here today if it wasn't for the care and treatment that I received at GW Hospital. About 4 years ago, in February, I had a medical emergency. I had strong chest pains and called for an ambulance to the Old Greater Southeast Hospital. One moment I was in the ambulance, and the next thing that I remember was cold wind all around me. I assume that I was being taken from the ambulance to a helicopter. I did not find out until later that the ambulance had taken me to the Greater Southeast Hospital. When we got to the hospital they put me on a helicopter to go to GW Hospital. Except we did not go to GW Hospital. We went to a helicopter pad next to Nationals Stadium. When we landed by the Stadium, they had to move me to another ambulance that drove me from the Stadium to GW Hospital.

Why did I need to go through so many transfers? Why couldn't the helicopter go directly to GW Hospital? I do not live in Northwest DC, or even in Southwest or Northeast DC. I live in Southeast DC, the farthest quadrant from the only hospital that could help me 4 years ago. I was lucky that GW Hospital has great doctors and staff because they saved my life even though it took a long time for me to get there. And they were so very caring during my recovery. To this day, I tell my whole family to go only to GW Hospital if they have a medical problem.

So, please approve the helicopter landing pad for GW hospital. If you do, more people like me who do not live close to the hospital, can have the same life-saving care that I did in a shorter time and without the unneeded transfers.

Thank you for this opportunity to speak to you.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Thank you for the opportunity to testify in support of the Helicopter Landing Pad Amendment Act of 2017. When enacted, this bill has the potential to save the lives of countless individuals who live, work, and visit the District of Columbia and the National Capital Area.

My name is Michael J. Conklin; I am a retired United States Marine Corps Helicopter Pilot. After graduating from the United States Naval Academy in 1978; I was designated a Naval Aviator in October of 1980. During my 21-year military career I flew just under 4,000 accident free flight hours. I served as a Marine One Pilot from May 1995 until my retirement in October 1999. During this timeframe, I safely executed 192 Presidential Missions in 19 different countries transporting President Clinton. I have experienced, first-hand, the benefits provided by Medevac Helicopters. I flew medevac missions in combat situations and my wife of 39 years was a passenger on a medical helicopter flight in July 2011.

George Washington University Hospital is located in the Northwest corner of the P-56A, which is an area that has been designated by the Federal Aviation Administration as a special Use Airspace Prohibited Area. P-56A encompass the White House, US Capitol Building and Mall Area. This area is some of the most restricted airspace anywhere in the world. The Hospital has worked closely with the US Secret Service, US Capitol Police, and the US Park Police to establish procedures and protocols for flights in and out of the proposed helipad.

The hospital is also working to establish a "Fly Neighborly Policy" to minimize the noise impact on the surrounding community. The Mission requires pilots to fly specific routes to the hospital at elevation heights that are set by the Federal Aviation Administration. The total duration of noise generated to 'save a life' for the inbound and outbound flight inclusive is less than 5 minutes.

The majority of the helicopters that fly in and out of GWUH will be classified as light helicopters. These helicopters have a maximum take-off weight of under 7,000 pounds. In comparison, the helicopters that fly the President of the United States and other government officials in the area have a maximum take-off weight in excesses of 20,000 pounds. The noise that a helicopter makes is directly proportional to the weight of the helicopter. In other words, the helicopters that would be flying to and from GWUH would, on average, produce substantially less noise than the helicopters that we currently typically see flying the President and other government officials along the Potomac and in the same air space as the medical helicopters would fly to GWUH.

The hospital completed a noise and vibration analysis in April of 2017, which has been provided to your office. In all cases except for one, the noise produced by ambulances was equal to or exceeded the noise captured from the helicopter. It is important to point out the duration of noise exposure from the helicopter was almost always much less than the noise duration from an ambulance siren. In addition, the vibration created by the helicopter was classified as

insignificant by the engineering firm that completed the study. We made sure to use a company that has vast experience in doing noise and vibration analysis and insisted upon the analysis to be done in the most conservative of forms. Thus noise meters were put on top of buildings instead of at street level to ensure that we got accurate readings. We also asked members of the community for access to buildings to do vibration studies and placed them in buildings in which we were granted access so that the vibration analysis would not be just on GWUH owned property.

I strongly urge the Council to approve this measure.

•

My name is Marilyn Rubin and I reside at Columbia Plaza, a 5 building apartment complex at 2400 Virginia Ave. NW. and am president of the Tenants Assoc.
....Although I am expressing my opinion in opposing this helipad, I have spoken to many of our residents who are in opposition, also.

- 1) I understand that our apartment complex could be in the flight pattern if the helicopter is unable to land on its first attempt.
- 2) I am opposed to this for several reasons. Currently there is a law prohibiting the presence of a helicopter landing area in a residential neighborhood. Thirty years ago, GW requested this option, and in their wisdom, the Council denied their request.
- 3) Foggy Bottom is a very dense and compact area. The historic townhouses are already feeling the impact of the new Metro trains running underground. And, the effect of the noise and vibrations from the helicopters overhead in this area, could be devastating. Recently I read of 2 military helicopters that crashed. In Foggy Bottom, one 'accident' could be catastrophic. Often planes from Reagan Airport, have to change course due to wind shear from the Potomac River. Additionally, between the Metro station and all of its passengers, the Farmer's Market, and all of the foot traffic from our neighborhood, this scenario is very frightening. Just imagine, walking beneath a landing or departing helicopter.... The noise would be distracting and potentially dangerous....looking up, and not seeing a moving car on the street in front of you.
- 4) Additionally, we were assured by GW Staff that the helicopter noise would probably not even be noticed. Contrary to that statement, I am told by a nurse at another trauma hospital, the the noise can be - and is -deafening.
- 5) Next, we are in a no-fly zone, due to our proximity to the White House...this zone extends up to, and includes 24th St. So that is another law that is being ignored. Has this been discussed with, and agreed to, by the Secret Service?
- 6) The helicopters will have to come from the river and make a U turn to land precisely on the roof of the hospital. This could be problematic depending on the weather and wind flow.
Additionally, there is an apartment building on the east side, and a medical building on the west side. There is no room for error.
- 7) It makes much more sense to continue using Wash. Hosp. Center, Prince George or Howard Univ. Hospitals. Even Georgetown Hospital has more land around it (and will have a helipad) making it less dangerous.

So, finally, between the noise, safety, current laws, and other nearby options, I would hope you would strongly oppose this proposal which is frightening to so many of our neighborhood residents.

Thank you.

D.C. City Council
March 12, 2018

I am here to testify on - Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon, Chairman Mendelson and members of the City Council. My name is Denise Vogt, a homeowner in the Foggy Bottom neighborhood. Thank you for the opportunity to present my concerns.

Safety, is why I strongly urge you oppose the installation of a helipad on the roof of the GWU hospital. From 1972 to 2016, there were 342 helicopter EMS accidents in the United States.* The likelihood of a helicopter crash and accidents from distracted drivers and/or pedestrians is a legitimate concern.

The air traffic in Foggy Bottom, Georgetown, Dupont Circle and West End is already congested – with National Airport aircraft, White House helicopters, and other Governmental and news air traffic that are already in the vicinity. GW hospital EMS helicopters would only worsen the congestion and disturbance situation. The White House no-fly zone exists for national security. It does restrict the available flight path options near the hospital for EMS helicopter pilots increasing likelihood routing will over the same areas on a continuous basis. A helipad with close proximity to the White House could also pose security risks.

Even in the case of caring for the extremely injured, I'm not aware of any tangible evidence presented by the hospital suggesting the level of care would be enhanced by helipad service over their current method of receiving over

150 critically injured patients a year from the existing heliport and by ambulance.

* The hospital claims that the helipad will be invaluable in catastrophic incidents. In the area's last catastrophic event, the FAA grounded all aircraft.

* The *Helicopter Noise Study* (May, 2017) paid for by hospital does not consider the risks of the surprise and fear experienced by pedestrians, drivers and residents with low-flying helicopters. An FAA study (*Non Military Helicopter Urban Noise Study*, December 2014) states the unexpected presence low-flying helicopters is likely to be "perceived" as louder and more distracting than ambulance sirens.

* The addition of a helipad at GWU Hospital is not warranted. It would be a redundant service for DC health care given other there are 5 other hospitals in very close proximity with helipads; some with Trauma 1 centers or undergoing significant improvements in medical care.

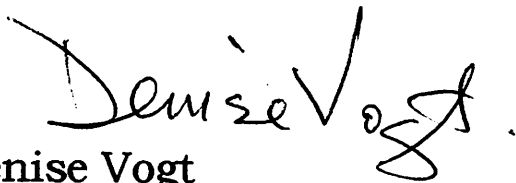
*It is seems likely GWU hospital is pursuing the helipad with little regard to metro area service redundancies and expected costs to those in need of medical care. The D.C. City Council should work to reduce the overall cost of healthcare. GWU hospital hasn't demonstrated the benefits of the helipad are justified by the costs. EMS helicopter transport is profitable for hospitals and insurance companies. At a lesser cost, the addition of EMS equipped ambulances would have more flexibility in most emergency situations in an urban environment.

Many residents of Foggy Bottom and other neighborhoods voiced their objection to the helipad at several ANC and civic association meetings last summer

and fall. By then, some ANC members had made their decision to support GWU. The ANC entered into a *Voluntary Neighborhood Agreement* with GWU Hospital, but it offers no protections for area residents, visitors, retail or neighborhood activities.

In 1987, this Council enacted a Ban on a helipad at GWU hospital, calling it a public nuisance. A helipad at GW is still not in the best interest of the Foggy Bottom residents or the people of D.C. In fact, the areas involved are more densely populated than they were in 1987.

I urge the DC City Council oppose the helipad and continue the Ban on helipads in densely populated urban neighborhoods.

A handwritten signature in black ink that reads "Denise Vogt". The signature is fluid and cursive, with the first name "Denise" and the last name "Vogt" clearly legible.

Denise Vogt

2417 I Street, NW

Washington, DC 20037

703-304-4968

attachments

STOP THE GEORGE WASHINGTON UNIVERSITY HOSPITAL HELIPAD!

- **Background**

- GW Hospital has proposed building a helipad on the southwest corner of the building's roof using New Hampshire Avenue, NW as the main flight route from the Potomac River. Watergate residents and guests are among those likely to be in the helicopter flight path via the proposed route on New Hampshire Avenue.
- GW Hospital tried to install a helipad in 1987, but the D.C. City Council enacted an ordinance prohibiting such facilities and classifying them as public nuisances, inappropriate for residential neighborhoods like Foggy Bottom/West End.¹

- **The Helipad poses a safety risk to Foggy Bottom.**

- As in 1987, safety continues to be a priority. The helicopters pose a safety risk to residents, hotel guests, farmer's market shoppers, tourists, theater goers and other pedestrians who use the neighborhood.
- There have been accidents with helicopters, including Emergency Medical Service (EMS) helicopters landing on hospital helipads. From 1972 to 2016 there were 342 helicopter EMS accidents; 123 of those 342 resulted in at least one fatality.²
- Examples of recent hospital rooftop helicopter accidents include University of New Mexico Hospital (April 2014), minor injuries;³ Valparaiso IN hospital (2005), no injuries;⁴ Cleveland hospital (2002), two fatalities;⁵ approaching Wichita Falls Texas hospital (Oct. 2014), 2 fatalities, 2 injuries;⁶ St. Louis Hospital (March 2015), 1 fatality;⁷ Grand Rapids hospital (May 2008), no serious injuries, but hospital fire.⁸
- At this time, the Hospital proposes the helipad would only use helicopters for hospital to hospital's transport and projects 3 flights a week (150 flights a year) to start.

¹ DC Code § 9-1211.01, <http://www.lexisnexis.com/hottopics/dccode/>

² <http://aerossurance.com/helicopters/us-hems-accident-2006-2015/>

³ <http://www.nbcnews.com/news/us-news/helicopter-crashes-new-mexico-hospital-roof-n76396>

⁴ <http://www.wave3.com/story/3599222/helicopter-crashes-on-roof-of-valparaiso-hospital>

⁵ [http://www.cleveland19.com/story/627690/helicopter-crashes-into-hospital-courtyard-killing-2;](http://www.cleveland19.com/story/627690/helicopter-crashes-into-hospital-courtyard-killing-2)

⁶ <http://www.texomashomepage.com/news/local-news/ntsb-files-preliminary-report-on-helicopter-crash-in-wichita-falls/150427361>

⁷ <http://fox2now.com/2015/03/12/results-of-slu-hospital-helicopter-crash-investigation-released-by-ntsb/>

⁸ http://blog.mlive.com/grpress/2008/05/full_story_aero_med_helicopter.html

- We hope an accident would never occur. But if it an accident occurred in a densely populated area such as Foggy Bottom/Watergate, the result could be catastrophic.
- **Use of the Helipad will cause noise, vibration, and disruption inconvenience to Foggy Bottom residents and visitors, both inside and on the streets.**
 - In addition, it seems likely the distraction/noise/turbulence caused by the helicopter could cause related personal injury by tripping on furniture, curbs, tree roots, being hit by distracted bike and car drivers
 - Helicopter approaches and landing will be extremely noisy and distracting to residents and visitors. A noise survey was completed earlier this year.⁹
 - There are concerns that repeated regular vibrations could pose a potential risk to the neighborhood's historic buildings and utilities.
 - Certain paths and are clearly within the “no fly zone,” making it likely that the helicopter will follow the same paths – and disturb the same residents each flight.
 - GW Hospital is unlikely to stick with its anticipated 150 trips per year.
- **The claimed benefits of the Helipad do not justify its installation.**
 - Existing DC area hospitals with “Level 1” trauma units and helipads in the DC area include Washington Hospital Center, Fairfax Inova, and Johns Hopkins. Georgetown University and Children’s Hospital also have helipads in lower density landing areas.
 - The hospital hasn’t provided information on the actual transfer time by helicopter as opposed to ambulance and the likelihood that the time difference would result in a patient care difference.
- **The Helipad may pose national security risks.**
 - The GW Hospital is located in the downtown DC “no fly zone,”¹⁰ less than a mile from the White House.

⁹ See <https://www.foggybottomassociation.org/single-post/2017/07/15/Noise-Consultant-Report-on-Proposed-GWU-Hospital-Helipad>

¹⁰ <https://www.washingtonpost.com/graphics/local/no-fly-zone/>

Subject: testimony -compilation of emails supporting Ban, Bill 22-579, Helicopter Landing Pad Amendment Act of 2017
From: Denise Vogt <dvogt@dvdesigns.com>
Date: 3/1/2018 5:31 PM
To: cow@dccouncil.us
BCC: Frank Leone <fleone@hollingsworthllp.com>, Doug Hansen <dh2415@icloud.com>, Denise Vogt <dvogt@dvdesigns.com>

For your consideration, below are msgs compiled in only 3 weeks last fall in opposition to the GWH Helipad proposal. These are only the messages forwarded to me and not the actual number of opposition msgs ANC members may have received since the Helipad issue was first presented to the Foggy Bottom/Watergate/West End communities. -- Denise Vogt

I am writing to express my strong opposition to the request by UHS GW University Hospital to install a Helipad. My primary concern is service redundancy. Recognizing that MedStar Washington Hospital Center has an existing Helipad which is 3.5 miles (surface road route) from GW and that MedStar Georgetown University Hospital (2.3 miles (surface road route) from GW) has received zoning and neighborhood approval to build a 477,000- square-foot medical/surgical pavillion will house 156 private patient rooms, a new emergency department, larger operating rooms, a rooftop helipad with direct access to the emergency room, plus three levels of below-ground parking, I do not believe another Helipad at UHS GW University Hospital is warranted.

These types of significant and expensive redundancies in our U.S. Health industry are some of the main drivers for the continuing escalation in the cost of our healthcare. Given the proximity of other hospital helipad locations, I strongly urge UHS GW Hospital to rescind their request their own Helipad. Otherwise, it has the appearance of private hospitals in competition with each other by creating these service redundancies and increasing costs.

In addition, I believe our DC City Council has an obligation to help regulate the overall cost of healthcare by not changing existing laws that would enable such redundant services.

Secondarily, I believe safety is a concern given that air traffic in the Foggy Bottom area is already congested – with National Airport aircraft, White House Helicopters, and other Governmental air traffic that are already in the vicinity. The population density of Foggy Bottom is too great to risk any accident that may occur.

I urge the Foggy Bottom Association, the ANC, the DC City Council and others to reject UHS GW University Hospital's request for a Helipad.

Thank you for hearing from the citizens of Foggy Bottom on this matter. Sincerely, John G.

I will be out of the country on September 7. I ask that you forward my comments to your fellow Commissioners.

As President of the Foggy Bottom Association Defense and Improvement Corporation (Trust), a past President of the Foggy Bottom Association, active member of many other community efforts, and a Ward II resident since 1974, I STRONGLY OPPOSE the draft Voluntary Resolution re: the helipad.

The safety concerns are obvious. There have been hundreds of crashes or accident incidents in this country in recent years. Fortunately, most have not occurred in densely populated areas. To present such a risk to our very densely populated community would be nothing short of irresponsible.

The noise and disruption created to the peaceful enjoyment of our homes would be substantial.

Finally, I supported the building of this hospital in a community widely divided on the subject. The hospital promised many things. Included in those promises was a high level of service to

Frankly, I resent the "moral prism" construct – Foggy Bottom has been a good neighbor to the hospital and the traffic and trucks and ambulances and everything else that comes with it. We're glad the hospital is treating people, but that doesn't mean that the hospital gets to do everything it wants. I don't think a case has been made that there are currently not sufficient services available or that the helipad would result in saving a single life.

Thanks for your consideration.

Dear Sirs/Mmes, I am writing to express my opposition to the installation and operation of a helipad at GW Hospital. The helipad will cause excessive noise disturbances to the neighborhood, which will make it a less desirable place to live—thus depressing home values. The potential negative impact on home values will far outweigh any benefit from the helipad. The hospital has successfully operated without a helipad until now, and it should not be permitted. Regards, Tim R.

Denise, I would vote against it. Let the Washington Hospital Center continue the good work they do with their helipad - they bring people in from Beltway accidents, etc. GW wouldn't be serving a community need, they'd just be competing with WHC for patients.... Dr. G.

Dear Commissioners,

I am writing to register my strong opposition to the proposed GW Hospital helipad and the concurrent lifting of the existing "No Fly" zone prohibition in the New Hampshire Avenue corridor.

It seems to me that community residents have raised serious and legitimate concerns about the safety and noise impacts of the helipad proposal. None of these concerns have been adequately addressed by the proponents. Moreover, GW Hospital officials have not explained why their current system of trauma unit and ambulance service is insufficient to meet its needs without an on-site helipad.

This decision has direct and lasting impacts on residents in the Foggy Bottom and Watergate area. I would urge you to carefully weigh their concerns and vote in opposition to this proposal. Thank you. Sincerely, Robert M.

I am far enough away from the hospital issues that I don't know all the pros. It would be a quick way to transport very sick patients quickly from outside hospitals to GW, which is sometimes life-saving. If Hospital Center has a helipad, it might be duplicative, since I think they can do everything GW can do and not sure you need a helipad for every major hospital in the city. Best, Dr.S.

Dear Commissioner Guzman,

I'm reaching out to you regarding the issue of a potential helipad at GWU Hospital which I see is before the commission this evening. The issue first came to my attention while test runs were being made several months ago. The noise was deafening. I will be unable to attend in person however I wanted to register strong opposition to this idea on behalf of myself and my husband...

GW Hospital is not Washington Hospital Center and does not sit on a large campus separating it from the surrounding neighborhood. It sits in the midst of a densely populated neighborhood of row houses, high rise apartment/office buildings, retail/dining establishments and is directly adjacent to a busy commuter thoroughfare. The arrival and departure of helicopters at all hours of the day and night would be incredibly disruptive and negatively impact the standard of living in the neighborhood. It would also pose a significant safety risk to everyone who lives, works, studies and travels through area.

It has been said that the hospital would approach this from the perspective of it being available for rare emergency situations only. I have no doubt that once the facility is up and running it would be used on a very regular basis.

Thank you for your consideration. Please contact me if you would like to discuss this further.
Sincerely, Doug H.

The West End Citizens Association (WECA) also opposes the helipad. - Barbara K.

Yes, I saw the discouraging article too. The hospital's drop in quality and service is likely related to its being owned by UHS, a huge corporation which operates over 350 health facilities. Needless to say, its priorities are much more related to stock holders than to fragile neighborhoods like Foggy Bottom. David.

As homeowners in the Foggy Bottom neighborhood, we strongly oppose the proposed installation of a helipad at GW University Hospital. Our primary concern is one of safety. As the recent incident in Charlottesville demonstrates, helicopters can have accidents and air ambulance helicopters are no exception. An accident in a densely occupied neighborhood like Foggy Bottom and the Watergate area could be catastrophic.

Even if operated safely, 150+ EMS helicopters yearly flying along the same route and landing on the hospital rooftop by flying through the middle of Foggy Bottom neighborhood will be extremely noisy, distracting and disturbing to residents, students, visitors, farmer's market vendors, pets and more.

We urge you to oppose the proposal for the GWU hospital helipad. Frank L.

As residents in the Historic District of Foggy Bottom, We are opposed to the installat

<http://health.usnews.com/best-hospitals/area/dc/george-washington-university-hospital->

Count us as OPPOSED, Susan/David L.

As for the proposed helipad, almost every permanent resident I know opposes it & on multiple grounds. Some of the grounds include noise (especially ANY late night-early morning flights) which could adversely affect the residential Foggy Bottom community & vibrations which could adversely affect historic properties in the nearby Foggy Bottom Historic District. Foggy Bottom should follow the lead of Reagan National Airport by not allowing flights landing after 10:30 PM & not allowing early morning flights. The ANC's draft "Voluntary Neighborhood Agreement" is flatly unacceptable on this important point, specifically allowing flights between 11 PM & 6 AM. As for vibrations, despite the community's specific request to test for vibrations of historic properties, NO historic properties were tested in the GW Hospital's test. And, the draft city-wide legislation would adversely affect many residential neighborhoods. The DC Council's protective (& now current) law (sponsored by former Ward 2 Councilmember John Wilson) got it right – to protect residential Foggy Bottom from the last such attempt for a GW Hospital helipad. – Barbara

I am a homeowner at 600 23rd Street and have been a resident in Foggy Bottom for 44 years. The sirens from ambulances and sometimes with their police escorts has been very disruptive and stressful. They are more regular and at all hours of the day and night regardless of any activity on the streets. There are times when there are a few an hour Many come from northern Virginia over the bridges and they often return to their base with sirens blasting. PLEASE DO NOT ALLOW HELICOPTERS TO FLY OVER OUR NEIGHBORHOOD, TOO.

I'm begging you...Please. Sincerely, Dr. Donald K.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon and thank you for this opportunity to address the City Council.

My name is Michael Rosner, retired Col US Army, and I currently serve as the neurosurgeon in charge of neurotrauma at GW Hospital. Before I retired from the Army, I was the Chairman of Neurosurgery at Walter Reed Medical Center and served as a leader on the neurotrauma support team for the entire OIF/OEF conflict in Iraq. Having served at Walter Reed, I am very familiar with DC traffic and how it affects ambulance response time in comparison to helicopter response time.

Doctors serving with the military follow the “military medical doctrine” to classify traumatic injuries as survivable or non-survivable. In the past, before the OIF/OEF conflict, head injuries were classified as non-survivable under the military medical doctrine. The OIF/OEF conflict completely changed the classification of head injuries from non-survivable to survivable for one reason --- we began to deploy in the far forward region so that we could treat trauma patients within the “golden hour” of transport for survivability. The “golden hour” is a medical term for the first hour after the occurrence of a traumatic injury. People with severe head injuries who are treated by a neurosurgeon within the golden hour window have a significantly greater survival rate.

Our ambulance system is overburdened. Neighboring hospitals in DC can be crowded and as everyone knows the District has a lot of traffic for a large part of the day. These factors and more, delay ambulances from reaching hospitals safely within the golden hour after a severe traumatic injury. These factors do not affect helicopters, allowing helicopters to be the safer, faster, and more effective mode of emergency medical transportation.¹

Life and death are not the only outcomes that matter. We must also look to the damage that the brain experiences the longer treatment is delayed. For example, in ischemic stroke patients, the brain ages approximately 3.6 years for every hour that a blocked artery to the brain is not treated. My colleague, Dr. Sigounas, will speak more about strokes.

For traumatic head injury patients, every minute counts. Emergency medical treatment must be available to DC residents as quickly as possible within the golden hour to improve survivability and maintain a better and new standard of care. DC residents need this helipad for severe injury management.

Thank you for this opportunity to address the Council.

¹ In March 2016, a study was conducted on the effect of helicopter transportation on rates of survival following an injury compared to survival rates using ground emergency transportation. That study examined 155,691 helicopter and ground emergency medical services pairs. Helicopter emergency medical services has a survival benefit for prehospital transportation times between 6 and 30 minutes. The benefit ranges from a 46% to 80% increase in odds of survival. *Surgery*. 2016 Mar;159(3):947-59. doi: 10.1016/j.surg.2015.09.015. Epub 2015 Oct 23.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Thank you for the opportunity to testify in support of the Helicopter Landing Pad Amendment Act of 2017. When enacted, this bill will save the lives of many people who live, work, and visit the District of Columbia and the National Capital Area.

My name is Jonathan Reiner. I'm currently a Professor of Medicine at the George Washington University and director of the Cardiac Catheterization Laboratory at George Washington University Hospital. For the past 23 years I've been privileged to devote much of my professional life to the treatment of people experiencing heart attacks and sudden cardiac arrest.

Every year about 610,000 people die from heart disease, that's nearly 1 in every 4 deaths. Heart disease is an equal opportunity killer. It kills the young and the old, the rich and the poor, those suffering from chronic heart disease and those who have never before been sick. It kills our husbands and our wives, our parents and our partners, our friends and neighbors, and our children. It's the leading cause of death in men and women, African Americans, Hispanics and whites.

Each year about 735,000 Americans will experience a heart attack, caused by a sudden cessation of blood flow to heart muscle. For the last 3 decades, George Washington University has been at the forefront of research into the treatment of this lethal disease. In the United States, the current standard of care is to promptly restore blood flow via angioplasty and stenting of the affected artery. This can only be performed in specialized centers, of which DC has only three. An old axiom says, "time is muscle." The longer it takes to restore blood flow, the bigger the heart attack, and the greater the likelihood that the patient will die.

The few hospitals in Washington that have cardiac catheterization laboratories with the expertise and capability to treat critical cardiac patients are all located in the NW quadrant of the city. About half the population of DC live in wards that are a significant distance from these centers. As previously stated, the treatment of heart attack patients is highly time sensitive. Even modest delays can cost lives. A helipad will enable us to further expedite this life-saving care, particularly for patients who live in areas of our city without ready access to a specialized cardiac center.

Opponents of the Helipad Act have suggested alternative solutions to a permanent helipad, but these solutions are untenable. One of those solutions is a temporary helipad in the event of a mass casualty. Law enforcement has deemed this to be a terrible idea. It would require the intensive and ineffective use of officers to clear civilians from temporary sites and keep them clear for the duration of the crisis. Opponents have also

insisted that we rely on ground ambulances. As Dr. Rosner will testify, there have been studies that show that helicopter emergency medical services significantly increase the odd that a patient will survive than if the patient had been transported using ground emergency medical services. The key is getting the patient to specialists who have the skill and training to quickly treat a traumatic injury. Ground ambulances are staffed by paramedics, and many life-sustaining therapies are outside their scope of practice.

In light of this testimony, I strongly urge the Council to approve this measure.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon.

My name is Dimitri Sigounas and I am an assistant professor of cerebrovascular and endovascular neurosurgery at the George Washington University Hospital. In addition to emergently treating patients having traumatic brain injury, which my colleague, Dr. Rosner, will address, the most pressing emergencies that I treat are strokes. I would like to give an overview of what stroke patients and we, as a comprehensive stroke center, face in trying to treat this disease. And specifically, how the transportation time impacts how well these patients can do clinically.

I would start by saying that we have amazing technology. We have small wires and plastic tubes some as wide as a strand of hair, others as wide as a q-tip, that we can use to go into arteries in the brain blocked by blood clots or cholesterol deposits, and we can take them out in 15 minutes. We can open blocked blood vessels that provide the only means to oxygenate parts of the brain — parts essential for movement, speech, understanding, and for essential functions of living. We can and have done this in as little as 20 minutes from when a patient gets to our hospital. But the key part of that statement is that we can only start removing the blockage when the patient reaches our hospital.

Of the 8 hospitals in DC, only Medstar Washington Hospital Center and GW meet the national standard for comprehensive treatment of stroke patients. In fact, the vast majority of hospitals in DC, Maryland, and Northern Virginia, do not have the capacity to treat strokes by manually removing blockages, in terms of personnel or equipment. Because of this, we regularly receive patients from other hospitals like United Medical Center, which sees more than 300 stroke patients annually. Routinely, these UMC patients arrive to us greater than 1 hour from when the transfer is initiated, due to traffic encountered by the ambulance.

DC's trauma and stroke systems are overburdened and imbalanced, putting DC residents' lives in danger every day. The only hospital with a helipad and a trauma or comprehensive stroke center is constantly at or over operating capacity. The Washington Hospital Center reported 10,494 diversion hours in the past audited year. Meanwhile, DC's other level one trauma centers had almost no diversions in the same time period. Most DC hospitals do not have 24-hour cardiac catheterization lab or bypass capabilities. So, their only option is to transport patients to a hospital that does such as GW University Hospital and when it comes to trauma and stroke minutes matter

Why does the transfer time matter? Specifically, every minute that a stroke goes untreated kills 2 million neurons. Every hour that a stroke goes untreated reduces a person's ability to live independently by 20%. Every full stroke that goes untreated ages the brain an average of 44 years.

Despite these long transfer times, despite the damage that is being done with every passing moment, why do these patients still come to us and not to Washington Hospital Center, which has a helipad? Because Washington Hospital Center is increasingly unable to accept such a growing influx of high acuity, sick patients -- especially within the 6 hour window for intervention that is so crucial in optimizing how much a patient will recover. Our hospital has been helping with this bottleneck in triage, but much more slowly than if we had a streamlined way to expedite transfer. We have been offering something, because it has been better than offering nothing.

But we can do better. We can definitely do better. Right now, we surgeons are left hoping that a transferred stroke patient does well and wondering how much better they would have been if they had gotten to us an hour earlier. With the helipad, patients will get to us sooner and we will have given them the best chance to live a normal life. I'm not just asking for GW Hospital I'm asking on behalf of the hundreds of DC resident patients I have personally served and the thousands of family members I have consoled. DC residents across this city need this helipad.

Please, help us give these patients and help their families the best chance to live a normal life. Thank you for your time.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Thank you for this opportunity to testify on behalf of the Stroke community in Washington DC. My name is Kathleen Burger. I am an Associate Professor in Neurology at the George Washington University and Director of the Comprehensive Stroke Center at the George Washington University Hospital. I am a Neurologist with expertise in the care of Stroke patients, and I have a deep passion to improve the quality of life for our city's Stroke victims.

Currently, there are 795,000 strokes occurring in this country every year. There are only 155 Comprehensive Stroke Centers (CSCs) available throughout the entire country. It is, therefore, not possible for every stroke victim to present initially to a CSC. Patients with large strokes presenting to hospitals without a Stroke designation require advanced transportation systems in place to facilitate prompt delivery to a Stroke Center. In other words, High level Stroke specific care is available to those fortunate enough to live near a hospital with a Stroke Center, but is not consistently available to every citizen. This is especially true for citizens residing in Washington DC.

Thousands of citizens in Washington DC are affected by stroke, leaving many of our own neighbors and friends with paralysis, or worse, a life dependent on caregivers for their most basic needs. At the George Washington University Hospital (GWUH), patients with new symptoms of stroke undergo rapid evaluation and receive emergency treatment. Fast treatment offers a better chance of recovery, and GWUH boasts the fastest stroke treatment times in the city. We also have advanced technology to remove clots from large blood vessels in the brain. This technology is available only at a CSC such as ours. With the addition of a Helipad, GWUH will increase emergent Stroke treatment rates, and reduce death and disability due to stroke in Washington DC.

Delays in care in the District of Columbia are common for stroke patients in need of a transfer to GWUH. Firstly, stroke patients need critical care level nursing. Ground medical transport in DC does not have critical care level nursing. As a result, ground transport is suspended until a transport nurse can be located. Second, right now, Stroke patients who are transported by helicopter to GWUH must be flown to a remote and distant site, across from Nationals Ballpark, where they are then transferred to a ground transport and then driven through DC traffic to reach GWUH. Landing at a distant helipad adds both transfer time (from the helicopter to the ambulance) and ground transport time (from the landing site to GWUH), leading to an average of a one hour delay in care. During this delay, over 100 million brain cells will die. During this delay, a patient's chance of walking has diminished. During this delay, a patient may lose the ability to speak. During this delay, stroke patients have died.

Delay in care is not the only factor affecting treatment of stroke patients. As I have said, ground medical transport in DC does not have critical care level nursing, which is required to monitor stroke patients. By federal law, air medical transport offers the critical care nursing needed for proper care during transport of Stroke patients.

Time is Brain – 1.9 million brain cells die every minute that a large brain blood vessel remains blocked. Ground transportation will not be fast enough for the majority of stroke patients in need of transfer to a CSC. At GWUH we have perfected our ability to efficiently expedite emergent Stroke care to those presenting directly to our hospital. However, our mission is so much bigger than delivering high level stroke care to those living in the immediate neighborhoods surrounding the hospital; we need to extend our services beyond Ward 2 and its immediate neighbor Wards to strokes occurring in the ALL of the DC's Wards. If we don't, we risk unnecessary death due to stroke in patients that could have been saved by one short flight. Rapid Air transport directly to GWUH for patients with strokes will lead to decreased stroke related disability and death in our Nation's Capital. The George Washington University Hospital has a multidisciplinary Stroke team ready and waiting to provide life-saving treatment to those suddenly afflicted with stroke in Washington DC. It's just a matter of patients in need getting to us soon enough.

I ask that this Council approve the Helipad. Thank you for this opportunity.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Hello. My name is Dr. Babak Sarani and I am the Chief of Trauma Surgery at the George Washington University. Thank you for the opportunity to speak to the Council.

I lived in the Washington DC metropolitan region from 1993-2004, while I attended medical school and trained to become a surgeon at GW. After completing my training, I worked at the University of Pittsburgh and University of Pennsylvania from 2004-2011. I returned to GW in 2011 as the Chief of Trauma Surgery.

When I returned to DC, I was very surprised to find that there had not been significant advances in the trauma system in Washington DC during the 7 years that I was gone. Specifically, only 1 hospital to this day is both a trauma center and has a helipad. The other hospitals that have a helipad are not trauma centers, which means that they are neither equipped nor staffed to provide swift potentially life-saving care 24 hours per day. GW is unique in the District of Columbia in that we are a level 1 trauma center, a comprehensive stroke center, and a heart attack (or STEMI) center. Said simply, GW is both equipped and staffed to provide any lifesaving care that the citizens of Washington DC and the surrounding area may need 24 hours per day, everyday.

One of the biggest differences between the 1980s, 1990s, and now is the probability of a mass casualty event occurring. Unfortunately, we are at greater risk of either a terrorist or mass casualty public shooting event than ever. We have seen from past events how lives can be saved using aeromedical transportation for these types of events. We saw this when an Air Florida 737 crashed into the 14th Street Bridge over the Potomac in 1982, after the 2013 Navy Yard Shooting, and most recently after the shooting at the 2017 Congressional softball practice. Yet, only one hospital in all of DC has a helipad where it can accept critically injured patients. We are vulnerable as a city. Fortunately, 9/11 did not result in a large number of critically wounded patients in DC, or such a shortcoming in our ability to deal with a surge of patients might have resulted in unnecessary deaths.

The Act before this Council would give DC the benefit of augmenting the capacity to quickly treat traumatic injuries by having another fully equipped level 1 trauma center that could accept patients via helicopter. And the Act does not ask for financial support from anybody. The only thing preventing this from occurring is a statute that was written in the 1980s – a time when the probability of mass casualty events was far lower than it is now.

A helipad will also allow for timely administration of modern healthcare to those in areas of the city that do not have ready access to quaternary level hospitals, such as persons living in Southeast. For those who are having a stroke, time lost is brain function lost. For those having a

heart attack, time lost is heart muscle lost. For those who have been injured or shot, time lost is blood lost. Travel by ground to the hospitals capable of treating these life threatening conditions 24 hours per day, every day can take 45 minutes or more during rush hour. Having only one quaternary care 1 hospital with a helipad that can accept these persons in the City is very risky. If that hospital is full, or is overwhelmed with patients, or has an internal emergency, such as equipment failure or a problem with the building itself, there is literally nowhere else in the District that these persons can get to by air and be assured that they will receive the care that is possible in the United States in 2018.

I have personally attended and presented at many Foggy Bottom/West End civic association and ANC meetings and as well as ANC meetings in Wards 5, 7 and 8. I can assure you we have worked with the ANCs to make sure that we are considering all District residents needs. Moreover, we have worked especially close with the local ANC to agree and sign a voluntary neighborhood agreement to assure that we continue to be a good neighbor and provide continuous updates to the community on the use of the helipad as we realize it is a new attribute to our building, but not to the community. Our flight paths as approved by the FAA are flight paths currently being used by military and civilian helicopters that have no medical flying requirements or the requirement to "fly neighborly". As Mike Conklin will testify these rules and procedures for medical helicopters are much different than what currently flies over the Potomac River and in the neighborhood. But as I have said repeatedly over the past year at community events and presentations and want to make perfectly clear to the Council today: GW Hospital is 100% committed to two important goals 1. Saving the lives of District residents and 2. continuing to be a good neighbor.

In closing, I ask that the Council approve our request to allow construction of a helipad on the rooftop of the George Washington University Hospital. Doing so will greatly improve the City's state of readiness for mass casualty events and will also greatly improve the City's ability to provide day-to-day care to those persons who are critically ill or severely injured in parts of the District that are located far from a major medical center.

Public Hearing before the
DC Council Committee of the Whole
Monday, March 12, 2018
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon. My name is Kimberly Russo and I am the Chief Executive Officer at the George Washington University Hospital (GW Hospital). I am out of town at an executive management conference and I apologize that I cannot be present today to discuss the Helicopter Landing Pad Amendment Act of 2017. This Act is vital, and I thank you for the opportunity to submit written testimony to the Council.

The GW Hospital's mission is to provide the highest quality healthcare, advanced technology, and world-class services to our patients in an academic medical center that is also dedicated to education and research. I am proud to say that I see this mission in action every day at GW Hospital. During my 20 years with the hospital, I have had the honor of seeing our hospital expand to meet the continually changing needs of our city. We remain committed to meeting those needs for many years to come.

Prior to being appointed to CEO in June 2016, I served as the Chief Operating Officer for 7 years. As COO, I led an initiative for the Hospital to obtain a Level I Trauma Center designation in 2013. At that time, there was only one hospital in the District with a Level I Trauma Center designation, and we recognized the need to bring additional complex, emergent healthcare to the city.

Expanding our capabilities to serve our community is not only about trauma patients. Just two years after achieving designation as a Level I Trauma Center, we achieved designation as a Comprehensive Stroke Center – the highest level possible. We were only the 97th hospital in the country at the time to attain this designation – one of less than 2% of U.S. hospitals. Today, we remain one of only three Comprehensive Stroke Centers in the District. We know that strokes require urgent medical intervention. With the approval of this Act, we will improve the level and timeliness of care that the District's stroke and trauma patients will receive.

We have also served the District community through a variety of community outreach programs. GW Hospital and its affiliates regularly collaborate with other organizations and centers to bring preventive services and health disease awareness to the region. For example, the District has one of the highest incidences of end-stage renal disease in the country. The GW Transplant Institute partners with The GW Ron and Joy Paul Kidney Center to increase awareness of kidney disease and transplant options. This particular program focuses on Wards 7 and 8 where kidney disease is most prevalent. Since its opening in 2015, the GW transplant team has reached thousands of people in wards 7 and 8 through outreach activities. We also partner with the National Minority Organ Tissue Transplant Education Program (MOTTEP) to bring awareness to kidney disease and offer easier access to organ donation and transplant services.

GW Hospital also brings care to the community through cancer outreach. The Hospital partners with The GW Medical Faculty Associates to make life-saving, early detection of breast cancer possible for all women throughout Washington metropolitan area, regardless of their ability to pay. This effort through our Mobile Mammography Program, also known as our "Mammovan," began in 1996. The Mammovan

currently travels to 160 sites throughout the D.C. region and partners with 70 community-based organizations and businesses.

Our efforts to contribute and improve the community have also been recognized by local government. We were proud to be named the lead hospital in D.C. for Mayor Muriel Bowser's Vision Zero initiative. The goal of this initiative is to have Washington, DC reach zero fatalities and serious injuries to travelers of our transportation system by year 2024. Last year, we hosted the DC region's first Vision Zero Summit and this Thursday, March 15, we are honored to host the 2nd Annual Vision Zero Summit.

As you can see, GW Hospital is deeply committed to improving the health of all DC residents. We do this by not only advancing the care we provide but by bringing it to the local communities we serve in every way possible. The Act before this Council would help us continue to make our lifesaving medical care available to all who need it. As our city grows, we must ensure that our Level I Trauma Centers are properly equipped to meet the life-threatening needs of our patients. This helipad will greatly enhance the healthcare services that GW Hospital provides to DC residents. Most importantly, it will prevent unnecessary deaths and assist the Hospital in saving as many lives as possible.

Please consider the significant positive impact that approving this Act would have for D.C. residents who depend on us to give them the care that they need when they need it. Thank you for your time.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC OFFICE OF PLANNING



Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Testimony of
David B. Lieb
Senior Counsel

Before the
Committee of the Whole
Council of the District of Columbia
The Honorable Phil Mendelson, Chairperson

John A. Wilson Building
Room #500
1350 Pennsylvania Avenue, NW
Washington, DC 20004

March 12, 2018
1:00 PM

Good afternoon, Chairman Mendelson and members of the Committee of the Whole. My name is David Lieb, and I am Senior Counsel with the Office of Planning (OP). I am pleased to be here on behalf of Mayor Muriel Bowser and present this testimony regarding Bill 22-579, the *Helicopter Landing Pad Amendment Act of 2017*.

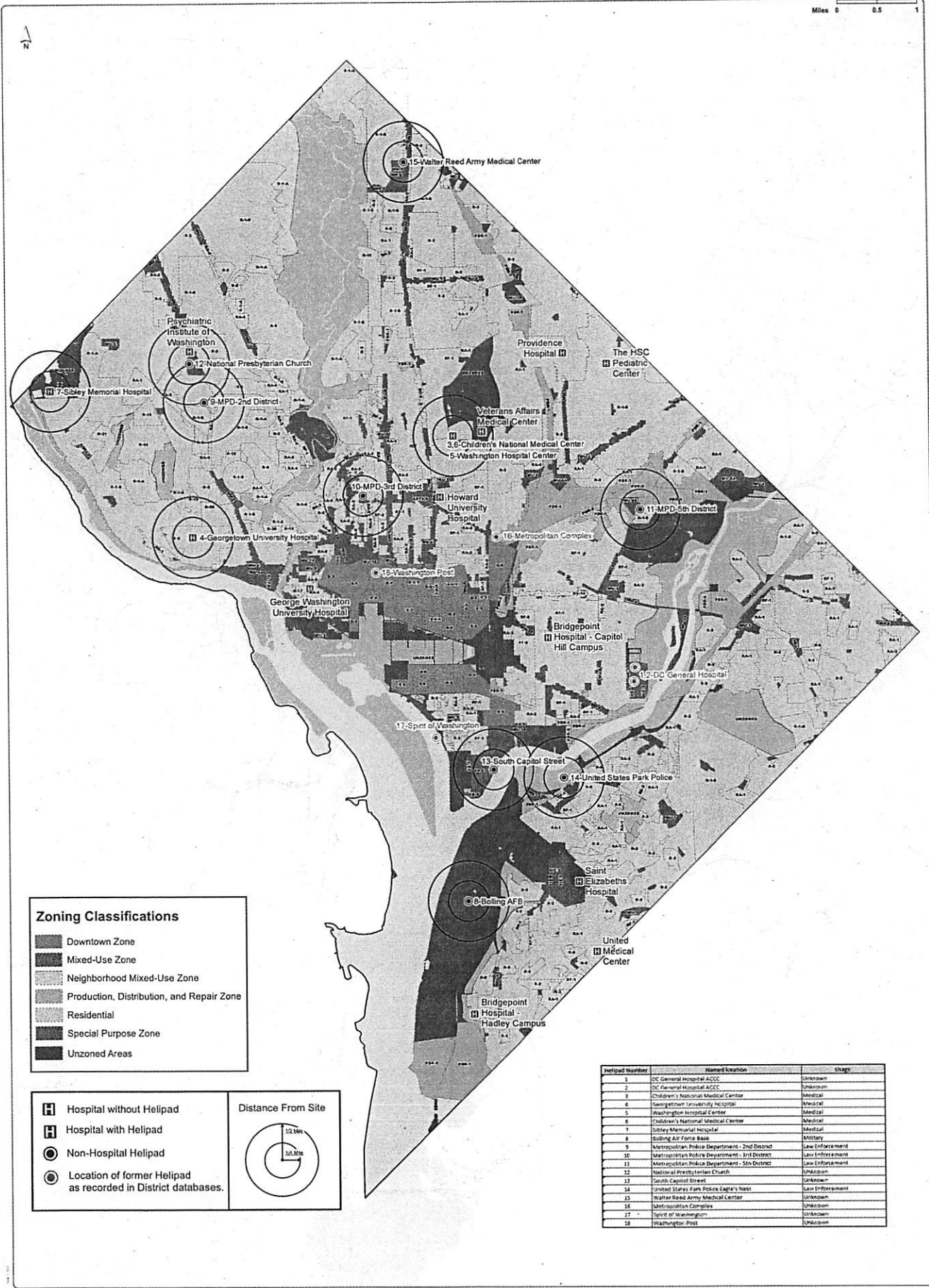
This narrowly tailored bill would allow hospital helipads in residential areas under certain conditions. Based on our review of the existing law and the bill, OP would support the bill's approval.

From a zoning perspective, a hospital is allowed by right in all residential zones, except low density residential where a hospital is allowed by special exception. The zoning code is silent on helipads. However, a helipad is a typical ancillary use to a hospital.

From a planning perspective, OP would consider allowing our hospitals to have this type of functionality to be a good thing. As part of the District's healthcare infrastructure, a helipad promotes life-safety.

This concludes my presentation. I am happy to address any questions you may have at this time.

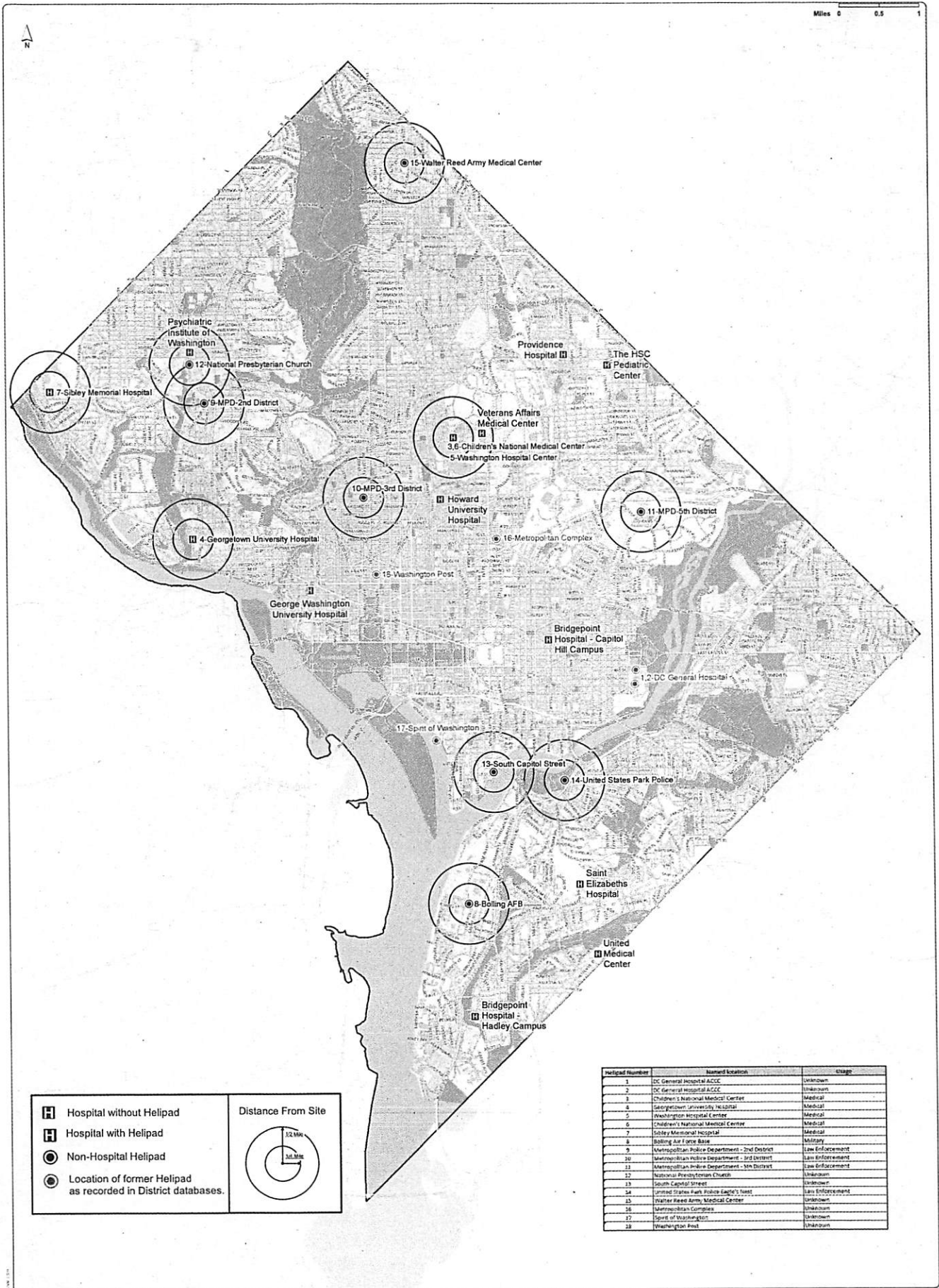




Office of Planning ~ March 23, 2018
Government of the District of Columbia

This map was created for planning purposes from a variety of sources. The sources for the Helipad Locations are DC GIS's Helipad Layer and visual inspection of the Aerial Imagery by D.C. Office of Planning. This is neither a survey nor a legal document. Information provided by other agencies should be verified with them where appropriate.

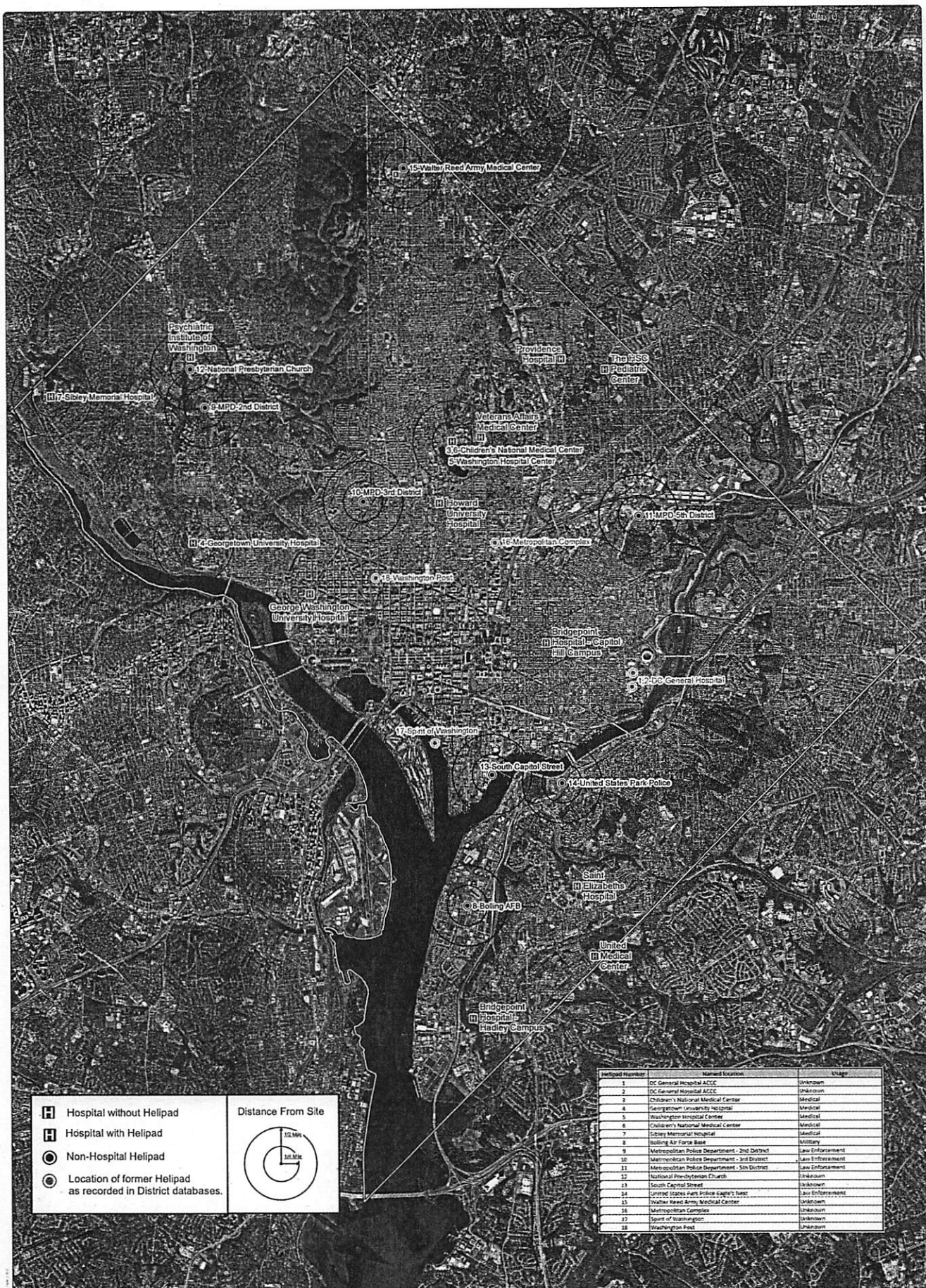
District of Columbia Hospital and Helipad Locations



Office of Planning ~ March 23, 2018
Government of the District of Columbia

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District of Columbia Hospital and Helipad Locations



Office of Planning - March 23, 2018
Government of the District of Columbia

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District of Columbia Hospital and Helipad Locations



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March 6, 2018

Honorable Phil Mendelson
Chair, District of Columbia Council
1350 Pennsylvania Avenue, NW, Suite 504
Washington, D.C. 20004

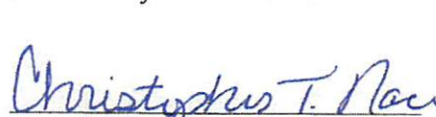
RE: Helicopter Landing Pad Amendment Act of 2017

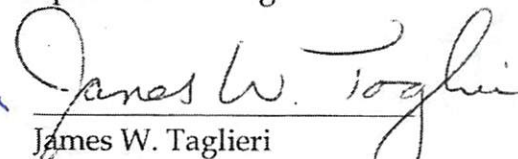
Dear Chairman Mendelson:


Our association supports the Helicopter Landing Pad Amendment Act of 2017 as an essential tool in the healthcare network of the District. Urgent injuries, critical health conditions and the crowded infrastructure of a city necessitate the use of a myriad of options to speed patients to the hospital that best fits their needs. Exempting Level One Trauma Centers from the current nuisance laws and clearing the path for the construction of a helipad would go a long way toward improving the health outcomes for the citizens of the District and those that visit our city.

Respectfully yours,

Trial Lawyers Association of Metropolitan Washington DC


Christopher T. Nace
President


James W. Taglieri
Chair, Legislative Committee


James Nathanson
Legislative Counsel

cc: Members of the Committee of the Whole

March 3, 2018

Committee of the Whole
Council of the District of Columbia
Suite 410
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

RE: Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Dear Committee Members,

As a 35-year owner, and retired Professor of Economics, living in my house at 2403 I Street NW (just across the street from GWU Hospital) I am **firmly opposed** to any proposal to construct a helicopter landing pad on the roof of this hospital, right next to the crowded Foggy Bottom Metro stop. The expected social costs of this proposal far outweigh its presumed social benefits in this extremely dense urban area. Thousands of people live in buildings near the proposed GWU helipad, and tens of thousands of commuters pass in the streets below it. So *responsible public officials must consider two expected social costs of this proposed helipad.*

—First, helicopter traffic will repeatedly disturb the sleep of many hundreds of people each night and thereby raise their blood pressure, damage their health and shorten their expected lifespan.

—Second, just one helicopter accident could kill scores of people in a flash. These accidents are rare, but they do happen and their social costs are enormous. Thus the expected social costs of a GWU helipad are high. This is why helicopter landing pads do not exist in crowded urban areas. (Landing pads also depress both adjacent property values and the resulting property taxes paid to the city.)

So why should GWU hospital have a helipad above the Metro stop? Are there any net social benefits at all? The hospital itself is the only obvious private beneficiary of a helipad—it will give them bragging rights in the hospital world and may raise their profits—but there may be NO NET PUBLIC BENEFITS (no net saving of lives) from this helipad! Why? Because:

— First, there are *already nearby hospital helipads*, such as at Georgetown Hospital.

—Second, even if Foggy Bottom is closer to an accident scene than are other helipads any helicopter carrying victims may get to other helipads faster because its *approach path to Foggy Bottom will be severely constrained by no-fly zones* near the White House and other sensitive sites around crowded Foggy Bottom. (What WILL the Secret Service say?)

Finally, *what is the chance that GWU will follow stringent city rules for operating its dangerous proposed helipad?* For years, I have seen GWU daily violate city rules for managing its hospital loading dock on 24th Street. *Daily* loading-dock violations include dock doors open *illegally* all day long and over-scheduling of delivery trucks, which forces them to park *illegally* on neighborhood residential streets, with motors running *illegally* as early as 5 a.m. Clearly, this dock has seriously harmed its neighbors. (The architect of the dock admitted to me in a public meeting years ago that he was unaware the dock faced a residential neighborhood!) GWU will further harm them if you allow it to build this dangerous helipad.

Sincerely,



Benjamin Klotz
Retired Professor of Economics

copy 2

Ambruster

ARMBRUSTER
730 24th St NW Apt 808
Washington DC 20037-2552

002-965-0236

3/12/2018

DO NOT

AMEND

7-40 (87)

Comte 26 Whole
Council of the District
John A. Wilson Building
1350 Pennsylvania
Washington D.C.

2 Columbia
Suite 410
Ave, NW
20004

Sirs: Re BUL 22-579 of 2017
Please include this package
in the official record.

I STAND AGAINST AMENDING

7-40 of Oct 1987 which my community fought

for.

All the 1987 negatives remain
some are "worse".

Thank you for your consideration

Enclosures (6) ANNOUNCED 2018

Heaven Notice

1987 Negatives (mixed)

1987 negatives, (Council

1987-its Plan 7-40 re Enjoin in frequency

2016 - Local news item (say) NO AGAIN.

2017 - Local news item (say) NO AGAIN.

1. *Adiantum*

2. *Asplenium*

3. *Polypodium*

4. *Marattia*



5. *Psidium*

6. *Clusia*

7. *Passiflora*

8. *Passiflora*

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12. *Passiflora*

13. *Passiflora*

14. *Passiflora*

15. *Passiflora*

16. *Passiflora*

Johnson, Peter (Council)

From: Katie Heller <katherineheller@gmail.com>
Sent: Tuesday, March 13, 2018 12:27 PM
To: Johnson, Peter (Council)
Subject: Support for Bill 22-579

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost-certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for Bill 22-579.

Best,

Katherine Heller
606 Harvard St NW
Washington DC 20001

Sent from my iPhone

Johnson, Peter (Council)

From: Peter B. Lund <lundpb@gmail.com>
Sent: Tuesday, March 13, 2018 3:19 PM
To: Johnson, Peter (Council)
Subject: Support of bill 22-579

Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost-certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for Bill 22-579.

Peter Lund

Johnson, Peter (Council)

From: Elissa Staley <elissa.staley@gmail.com>
Sent: Tuesday, March 13, 2018 9:10 PM
To: Johnson, Peter (Council)
Subject: Bill 22-579: Comment for the Record

Follow Up Flag: Follow up
Flag Status: Flagged

Chairman Mendelssohn,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most. Furthermore, I support building helipads at other city hospitals to ensure that all patients throughout the entire District receive the same opportunities and access to the best medical care.

Please note for the public record my unequivocal support for Bill 22-579.

Best,
Elissa

Elissa Staley
Resident Ward 6

Johnson, Peter (Council)

From: Ashley Joyce <ashjoyce@gmail.com>
Sent: Tuesday, March 13, 2018 10:38 PM
To: Johnson, Peter (Council)
Subject: Bill 22-579

Follow Up Flag: Follow up
Flag Status: Flagged

Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost-certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for Bill 22-579.

Best,

Ashley Joyce

(917)828-7638

Johnson, Peter (Council)

From: Tracy Phillips <tracy.e.phillips@gmail.com>
Sent: Wednesday, March 14, 2018 10:21 AM
To: Johnson, Peter (Council)
Subject: A COMMENT FOR THE RECORD- Bill 22-579

Follow Up Flag: Follow up
Flag Status: Flagged

Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost-certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for Bill 22-579.

Best,

Tracy Phillips

--

Tracy Elizabeth Phillips, Esq.

Johnson, Peter (Council)

From: Ibrahim Levent <ilevent302@gmail.com>
Sent: Wednesday, March 14, 2018 7:03 PM
To: Johnson, Peter (Council)
Subject: Bill 22-579

Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost-certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for this bill.

Regards,
Ibrahim Levent

Johnson, Peter (Council)

From: Miya Rahamim <miyasr@yahoo.com>
Sent: Wednesday, March 14, 2018 8:51 PM
To: Johnson, Peter (Council)
Subject: Bill 22-579

Chairman Mendelson,

I write in support of Bill 22-579. In my view, the potential risks associated with building a helipad on GW Hospital's campus are far outweighed by the many lives that will almost certainly be saved or improved by its existence. It is a disservice to the citizens of Washington, DC to have a Trauma 1 facility that is inaccessible to the patients that need it most.

Please note for the public record my unequivocal support for Bill 22-579. It has the very likely potential to save lives.

Best,

Miya Tandon
Ward 4

Johnson, Peter (Council)

From: ronald cocome <rtc888888@hotmail.com>
Sent: Monday, March 19, 2018 12:07 PM
To: Committee of the Whole (Council)
Subject: Fw: Bill 22-759/written testimony

Dear Mr. Johnson:

I made a one word grammatical correction in my testimony.

I would be grateful if you substituted the following for that submitted earlier this morning.

Thank you,

Ron Cocome

From: ronald cocome <rtc888888@hotmail.com>
Sent: Monday, March 19, 2018 1:44 PM
To: cow@dccouncil.us
Subject: Bill 22-759/written testimony

Dear Phil and Councilmembers:

I write to you asking that you vote in disapproval of Bill 22-759, "Helicopter Landing Pad Amendment Act of 2017."

As a 40 year resident of Ward II, on behalf of myself and nearly every neighbor I know, I ask that you will not vote to permit helicopters using George Washington University Hospital.

I have read the testimony submitted to date and fully associate myself with the points made in opposition to this piece of legislation. There is no need for me to take your time by repeating those remarks.

I would only add that when I moved to the District, Home-Rule government was just becoming fact. Besides being a decades long resident, I have worked in both the Executive and Legislative branches of the District Government. Growth of profitable industry is a good thing but not at the expense of the safety and life quality of our people. Peaceful enjoyment of our people in their homes should be the number one concern of our elected Officials.

Far too often over these many years I have seen a mockery being made of the promise of local representative government. Far, far too often have the wishes of our residents been ignored in favor of the more powerful interests (often out-side interests) by our own Council and Mayor.

I can assure you that the residents of Foggy Bottom who are aware of this latest threat to them posed by this legislation are virtually united in their opposition.

Thank you for your consideration.

Respectfully yours,

Ron Cocome

President, Foggy Bottom Association Defense and Improvement Corporation (neighborhood Trust)

President, IATSE Local B-868, Kennedy Center

Past President, Foggy Bottom Association

Past Vice President, Watergate East Incorporated, Board of Directors

Past Board Member, Potomac Plaza Terraces Incorporated, Board of Directors

Peak Sen Chua
President, George Washington University Student Association
peaksenchua@gwu.edu
Marvin Center, 800 21st St NW, Suite 427
Washington, DC 20052

**Statement on behalf of the Student Association of the
George Washington University before the
DC Council Committee of the Whole on Bill 22-0579, "Helicopter Landing Pad
Amendment Act of 2017" on Thursday, March 22, 2018**

Good afternoon Councilmembers and members of the Committee,

My name is Peak Sen Chua and I am the President of the Student Association (SA) of the George Washington University — the student body government. I submit this testimony in conjunction with Theodore Leavell, the SA Vice President for Community Affairs, and on behalf of the more than 26,000 students of the George Washington University:

The Student Association of The George Washington University supports the installation of a helipad at the George Washington University Hospital.

GW Hospital is one of only three Level I trauma facilities in the District of Columbia. Only one of these facilities, MedStar Washington Hospital Center, currently has a helipad. As GW Hospital has a higher capacity to treat trauma patients, it would be beneficial to construct the helipad in order to more efficiently respond to serious medical emergencies.

While we understand that there are concerns from community members regarding noise and vibration levels, we accept the findings from the comprehensive noise study. Conducted by GW, it showed that Foggy Bottom and West End residents will experience lower noise levels from helicopters than from those experienced from ambulances. Recognizing this, the hospital anticipates only two to three helicopter flights to and from GW Hospital per week.

The GW Student Association supports this proposal to enhance our community's ability to respond to medical emergencies. Thank you.

Peak Sen Chua
President



Theodore Leavell
Vice President for Community Affairs



Johnson, Peter (Council)

From: Philip Schrefer <Schreferdc2@hotmail.com>
Sent: Tuesday, March 27, 2018 9:04 AM
To: Johnson, Peter (Council)
Cc: Kennedy, Patrick (SMD 2A01)
Subject: My Testimony on B22-579

Follow Up Flag: Follow up
Flag Status: Flagged

Sent from [Mail](#) for Windows 10

Testimony Submitted by Philip J. Schrefer to B 22-579 (to amend the Helicopter Landing Pad Nuisance Act of 1987 to allow hospital helipads as a matter of right).

I provide this testimony to support the statement I made to Chairman Phil Mendelson and other Councilmen and staff on March 12th, 2018 at Council Chambers.

On September 19th, 2017 I participated as an Advisory Neighborhood Commissioner(ANC2A-05) at the Advisory Neighborhood Commission 2A (ANC2A) monthly meeting and voted against a proposed repeal of the Helicopter Landing Pad Public Nuisance Act of 1987 (D.C. LAW 7-40). I concur with the sentiment expressed by many local citizens at the meeting and the history inherent in the 1987 Act that the negative aspects of helicopter functioning in the George Washington Hospital area with a concentration dense multifamily and high rise apartment housing, historic properties, high profile commercial, educational, and institutional buildings in Foggy Bottom neighborhood argue for the retention of the 1987 Act without amendment. Noise, vibration and possible safety aspects describe the negatives. Numerous community leaders opposed to the amendment testified at the September ANC meeting and subsequently to the City Council.

I believe there are several factors worth adding to the analysis of the proposed Amendment (B-22-579) I expressed in the previous paragraph. One, a helipad now exists at the Georgetown University Hospital located less than two miles from the GW Hospital and in a much less populated and congested area. Secondly, the GW Hospital led by Dr. Barak Sarani and his staff failed to directly address major issues at the September meeting. The GW staff made no reference to the 1987 Law. Though many in the public knew of the Nuisance Law the hospital could have simply stated how conditions had changed in 2017 (type of helicopter used, limits to be put on helicopter use, etc.). Also, though asked on several occasions at that meeting the GW Hospital staff did not explain the business/economic aspects of adding this emergency helicopter service. There would be, of course, capital expenses to strengthen the roof, locate electronic and communication equipment, obtain helicopter equipment and to incur variable expenses such as staffing, power and communication. Certainly these costs would be relatively minor, in relation to the overall operation of a 384 bed facility. The Hospital functions well as a Trauma Surgery and matches Washington Hospital Center which provides Trauma Surgery and currently has a helipad in operation. However, the GW Hospital staff by not addressing the legal and financial aspects for a helipad weakened their public case expressed to the Foggy Bottom citizens.

CHAIRMAN MENDELSON

2018 MAR 27 PM 4:14

825 New Hampshire Ave, NW
Apt. 506
Washington, DC 20037
March 21, 2018

Council of the District of
Columbia, Suite 410
John A. Wilson Building
1350 Pennsylvania Avenue, NW
Washington, DC 20004

RE: March 12, 2018 Hearing on Bill 22-579,
Helicopter Landing Port Amendment Act of 2017

Dear Chairman Councilmember Mendelson and
Committee Members
Thank you for letting me testify on March 12, 2018.

Enclosed are 15 copies of Rebuttal, where we
seniors finally spoke to helicopter pad on the
George Washington University Hospital.

We have extreme noise from airplanes, Metro
and helicopters.

Medical helicopters are dangerous, unsafe and
not needed. We, seniors do not want them.

Helicopters can go somewhere else: Georgetown,
less than 1 1/2 mile away, Sebley Hospital
and Washington Hospital Center.

We do not want them.

Thank you -

Sincerely

Maeje Hughes

CEO, Washington Senior Initiative

3/21/2018

Chairman, Council member

Phil Mendelson + Committee Members

1350 Pennsylvania Avenue, NW, Suite 410

Washington, DC 20004

Dear Chairman Mendelson + Committee Members:

I am Maria Hughes, 78, resident of Foggy Bottom since 1975, I am firmly opposed to a helicopter landing pad on the roof of the George Washington Hospital, near to the crowded Foggy Bottom Metro stop and my apartment at 825 New Hampshire Ave, NW, 506.

Since 1987, safety continues to be a priority, the helicopters pose a safety risk to:

- a) students, hotel guests, tourists, theatre goers
- b) farmers market shoppers
- c) Foggy Bottom and Watergate senior shoppers
- d) very large senior population

Those who testified on March 12, 2018 in support of the change to DC law to allow for a helicopter on the GWU Hospital have not demonstrated that such a helipad would not unreasonable impact neighborhood.

The location of helicopter landing pad is inappropriate in Foggy Bottom near State Dept. and the White House. Also, because the residential neighborhood would be subjected to high levels of

noise and because of a likelihood of catastrophic consequences of a helicopter accident will happen.

Also do to:

1. dense residential population
2. high level of senior population
3. proximity to Metro station
4. proximity to tall buildings
5. high level of automobile traffic

Danger: accidents have occurred on hospital rooftops

1. University of New Mexico Hospital, April 2014
2. Valparaiso IN Hospital, 2005
3. Cleveland Hospital, 2002
4. Wichita Falls Texas Hospital, October 2014
5. St. Louis Hospital, March 2015
6. Grand Rapids Hospital, May 2008
7. the commercial helicopter crashed in New York, March 2013, killing 5 (Attachment 1).

the helicopter pads exist at 3 other hospitals:

1. Georgetown Hospital
2. Sibley Hospital
3. Washington Hospital Center

I visited all three hospitals, GWU Hospital does not have needed line of approach. The line of approach to GWU Hospital by helicopter is very short and crowded.

GWU Hospital proposes 3 flights a week or 150 flights a year. We question.

Finally, keep the existing law. The residence did not wish a change, and we do not wish it now.

The helicopters are dangerous, not safe and we do not wish them, and do not need them.

The Foggy Bottom / West End has the largest senior population. It is sicker now, with helicopters will be sicker with heart attacks.

Stop subsidizing the residences' airplane and Metro use, GWU loading dock opens at 5 AM and stays open all day long illegally.

Take the injured somewhere else. Georgetown Hospital is less than 2 miles away.

If helicopter accident, fire might spread to White House, and State Department.

9-11, is pale to what can happen in Foggy Bottom.

Thank you.

Sincerely,

Maeji Hughes

Maeji Hughes, CEO, Watergate Senior Initiative

825 New Hampshire Ave, NW, Apt. 506

Washington, DC 20037

nation+world



NEW YORK CITY

Fuel switch may have been hit by bag before copter crash

The pilot who survived a helicopter crash that killed his five passengers told investigators he believed a passenger's bag might have hit an emergency fuel shutoff switch in the moments before the chopper went down, a federal official told The Associated Press on Monday. The official said the National Transportation Safety Board is also scrutinizing why an emergency flotation device apparently didn't deploy properly when the tour helicopter went down in the East River. The floats are supposed to keep a helicopter upright; the Eurocopter AS350 that crashed Sunday overturned and submerged. (AP)

the Eurocopter AS350
crashed on March 11, 2018 killing 5
passengers in New York City

Attachment 1

*Federation of Citizens Associations
of the District of Columbia*

1995 Award

to

Marija Hughes

for

Anticipation of Future Problems


Stephen Koczak
President

Attachment 2



**Statement Supporting the Helipad Installation at GW Hospital
on Bill 22-579, the "Helicopter Landing Pad Amendment Act of 2017"**

March 27, 2018

Hello Councilmembers and members of the Committee,

The Residence Hall Association of The George Washington University supports installing a helipad at the George Washington University Hospital.

Current airlifted trauma patients land miles away before arriving by ambulance through the often-congested city. As one of two Level I trauma centers in the District of Columbia, GW has the capacity to more quickly receive critical patients as a direct destination. Travel time can make a significant difference in patient outcomes. Critical patients are more likely to survive when airlifted to a hospital than similarly injured patients taken by ground transport.

On behalf of the residence hall closest to the GW Hospital, the Amsterdam Hall Council further supports the proposal. Hall Council President, Matt Grosswald, states "giving patients greater access to urgently needed, life-saving care and reducing noise is a no-brainer. Of the few times I might be woken up by a helicopter, that is a life being saved of a person who is having a much worse night than I am."

We understand noise and safety concerns of community members, yet a comprehensive noise study showed that an ambulance is louder than a helicopter at all but the closest individual site. With no significant level of vibration, helicopters would not damage nearby historic buildings. Medical helicopters have a perfect safety record. The disruption to quality of life should be minimal with 2-3 flights per week. As the hospital receives the same number of patients more quickly, the neighborhood will likely experience a net reduction in noise level.

The GW Residence Hall Association endorses the helipad proposal to improve the community's ability to respond to emergencies.

Rachel Metz

Residence Hall Association President

rachelmetz@gwu.edu

Via Email: PJohnson@DCCOUNCIL.US

Testimony Submitted by Rebecca K. Coder to B 22-579 (to amend the Helicopter Landing Pad Nuisance Act of 1987 to allow hospital helipads as a matter of right).

I submit this testimony in my individual capacity as Advisory Neighborhood Commissioner for the Single Member District 2A-02.

During 2017, our Advisory Neighborhood Commission (ANC) heard from George Washington University (GWU) Hospital officials and its consultants regarding adding a helipad to the roof of the hospital located south of Washington Circle between New Hampshire Avenue and 23rd Streets in order to serve a broader base of consumers not just in the District of Columbia and surrounding counties but other states such as West Virginia and Delaware.

I voted against this addition due to the sheer impracticality of the proposed site.

The site proposed for the helipad has significant issues which make it unrealistic compared to other DC-based hospital helipad sites such as those at Georgetown University Hospital and Washington Hospital Center.

- The GWU helipad site is located in a mainly high density residential whereas the helipads at Georgetown University and Washington Hospital are in low density areas. Within 25 to 50 feet on the east, south and west sides of the proposed helipad site are residential buildings that range from 90 to 110 feet in height.
- The comparable helipads both provide ample space for take-off and landing whereas the proposed GWU site seems to barely meet the minimum Federal Aviation Administration requirements (e.g. footprint, number of flight paths) with obstacles (surrounding buildings) and limits (outlined below) that further hinder it.
- The site itself is located within the western border of the "secure zone" which does not allow for commercial flights near the White House. This means that half of the routes that should be available for the medical helicopters are not because of the restricted air space placing the majority of the traffic on the west side directly over the residential neighborhood.
- Because of the site's proximity to Reagan National Airport, the elevation at which the helicopters can fly is also limited. Normally helicopters can fly at an elevation of 800 ft but in the case of this site, helicopters have to fly at an elevation of 100 ft given the airplane flight plans into and out of the airport.

For all of the reasons outlined above, this site is impractical and has significantly higher safety and health risks associated with it as compared to other sites. As was stated by many constituents, it seems more appropriate to use a shared helipad approach with Georgetown University which is less than 2 miles away, a five minute drive.

The reality is there are even more reasons today for the legislation that is in place that bans helipads than when it was first passed. I ask that the Council uphold the legislation as it stands.

Respectfully submitted,

Rebecca K. Coder, Advisory Neighborhood Commissioner 2A-02

D.C. City Council -- Additional Testimony

**RE: Bill 22-579, Helicopter Landing Pad Amendment
Act of 2017**

I testified at the hearing on March 12, 2018. Please consider this additional testimony that responds to new information presented at the Hearing.

Contrary to testimony presented by others, from 1972 to 2016, there were 342 helicopter EMS accidents in the United States. The likelihood of a helicopter malfunction or crash and accidents from distracted drivers and/or pedestrians is a legitimate concern for the City.

Safety issues are why I strongly urge you oppose the installation of a helipad on the roof of the GWU hospital. Unlike other DC acute care hospitals, the GWU hospital is located in a very undesirable location with a compromised flight path.

In addition to possible crashes, the low-flying helicopters on a regular basis would bring extremely loud disruptive noise, vibrations, rotor wash damage, and night time helipad lighting/wires disturbance affecting the existing quality of life, although other options for urgent care are available. The testimony revealing that the GWU sound/vibration survey only included one house, which was non-historic, shows that the survey was inadequate and should not be considered in any decision-making.

To add perspective to any requests for EMS helipads, the City should evaluate all local hospitals and Trauma Center statistics to determine the need for an additional helipad. Acute care hospitals (Trauma 1 Centers, *i.e.*, George Washington University Hospital, Howard University Hospital and future acute care centers) should provide the residents, the ANC, the DC City Council and the Mayor

with substantial evidence (tracked over an established period time) of EMS helipad need vs. other modes of transport such as EMS-equipped ambulances, other ambulances, and other transport in timely care for critically injured people.

Any hospital requesting a helipad also should provide details on the types of patients who will use the service. Hospitals may gain or lose their certification as Level 1 Trauma Centers based on sufficient trauma patient volume. Hospitals should clarify the role of the helipad in their business operations.

According to testimony by GWU Trauma Center surgeon/director, Dr. Sarani, on March 12, 2018, their Trauma Center was able to treat approximately 50 patients with only one newly added EMS-equipped ambulance. In the past few months, it seems one EMS- equipped ambulance significantly reduced -- by one-third -- GWU hospital's current treatment of trauma patients transported via helipad/heliport/ambulance transport method. One could argue their success in transporting and caring of critically injured people with only 1 EMS ambulance within the "Golden Hour" surgeons refer to raises additional questions about the necessity for a helipad location on the GWU hospital roof. Would adding two more EMS ambulances eliminate the need for the helipad?

Over the past year, the GWU Hospital Trauma representatives have suggested that there could be 175, 150 and maybe 110 number of EMS helicopter flights per year to a helipad on their hospital roof. Without a standard to measure effective medical care options and possible flight restrictions, any enforcement on the number and times of EMS helicopter flights seems unlikely. During the entire helipad process, the GWU Trauma Center has never provided statistical

evidence of need for a helipad or a business plan to the ANC or local residents for consideration. This information would have been helpful in evaluating the entire request for lifting the Ban; even though the issue of safety would still remain.

If there is no agreement on how many EMS helicopter flights could be expected over a year's time, why should the DC City Council consider removing the existing Ban for helipads in compromised locations similar to the GWU hospital location?

It does not appear to be in the best interest of trauma health care, containing care costs (including payment of activation fees for trauma teams), and medical resources for every acute care hospital to have a helipad. The Council should set standards to guide such requests. Even in these challenging times, the City continues to be well served by the existing Ban on helipads.

I oppose helipads for acute care Trauma 1 Centers in residential areas near restricted air space due to no-fly zones, adjacent buildings higher than helipad sites, and in densely populated urban areas for safety and security reasons.

Thank you for your consideration of my additional testimony.

Denise Vogt, Foggy Bottom homeowner
April 1, 2018

end

Johnson, Peter (Council)

From: Douglas Hansen <dh2415@icloud.com>
Sent: Monday, April 2, 2018 8:20 PM
To: Committee of the Whole (Council)
Subject: Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Committee of the Whole
Council of the District of Columbia
John A. Wilson Building
1350 Pennsylvania Avenue, NW, Suite 410
Washington DC 2004

Dear Council Members:

We are writing to express our concerns and opposition to the proposed legislation that would allow George Washington University Hospital to construct and operate a rooftop helipad.

Douglas Hansen and I have been residents of Foggy Bottom for more than 25 years. Our rowhouse is located around the corner from the hospital near 24th and I Street NW. While we were unable to attend the open Council hearing on the matter, we wanted to express our sincere belief to the Council that the helipad would create a safety hazard for the neighborhood and respectfully request that the

Council vote against amending its current laws to permit its installation.

A helipad in this location would pose a grave risk to the community on several fronts.

First, it would increase air traffic in already congested airspace. Many commercial and military helicopters fly along the Potomac River and over the neighborhood. In addition, the Federal Government routinely patrols the air space over Foggy Bottom providing security to the White House and during special events. The threat of a mid-air collision increases if helicopters landing at GW Hospital are added to that mix.

Second, GW Hospital is centered in a densely populated neighborhood and any mishap would have catastrophic consequences for Foggy Bottom and the City. The neighborhood is filled with tightly clustered apartments and rowhouses. Washington Circle and the Foggy Bottom Metro Station are directly adjacent to GW Hospital. The Foggy Bottom Metro Station is the 5th most frequented station in the system serving the neighborhood, State Department, Kennedy Center and thousands of daily commuters.

Third, many of the residences in the Foggy Bottom Historic District are more than a century old and very fragile. The neighborhood has noticed an uptick in noise and vibrations from the new Metro trains and vibrations generated from increased helicopter traffic could damage properties even further.

Fourth, a helipad located so close to the White House and the State Department would pose a risk on national security grounds. We are a bit surprised that the Federal Government has not raised an issue about how close the helipad would be to both facilities. Seven blocks from the White House and four blocks from the State Department.

DC currently has two hospitals with working helipads. MedStar Washington Hospital Center has an existing helipad which is 3.5 miles from GW Hospital. MedStar Georgetown University Hospital has one that is 2.3 miles away. In both cases the helipads are in open fields rather than directly on top of the hospital, thereby minimizing the risk to the surrounding community.

We understand that GW Hospital is a Level One Trauma Center and are grateful to have the 156-bed facility in our neighborhood. However, we do not believe that the site is well suited for a helipad and poses too great a risk to the City. It only takes one tragic event before fingers will be pointed as to why the DC Council lifted the helipad moratorium.

There is a reason why the City Counsel and Mayor imposed a moratorium in the first place and that reason is just as valid today.

Thank you for taking the time to consider our comments in opposition to lifting the helipad moratorium.

Respectfully,

Russell Conlan and Douglas Hansen

2415 I Street, NW

Washington, DC 20037

Johnson, Peter (Council)

From: David Hertzfeldt <davidathoffman@yahoo.com>
Sent: Tuesday, April 3, 2018 11:08 AM
To: Johnson, Peter (Council)
Subject: Helicopter pad bill

Follow Up Flag: Follow up
Flag Status: Flagged

To the Committee of the Whole: As long time residents and home owners we wish to express our strong opposition to abolishing the ban on additional helicopter operations. Two critical points:

1. GW Hospital, is owned by Universal Health Services, a huge for-profit corporation. Clearly, the hospital has not been fully transparent about their complete reasons for the helipad. The priority of for-profit businesses, including healthcare, is increasing value to shareholders.
2. Our city suffers significant health inequities. Northwest DC is fortunate to have many fine hospitals. Other quadrants suffer from limited healthcare resources. Today's District Council needs to comprehensively assess the District needs and assure that healthcare dollars are spent in an equitable and balanced manner. This review of how DC's limited healthcare resources are utilized will clearly negate another helicopter operation in the District.

Thank you,
David & Roberta Hertzfeldt
Retired District taxpayers

Public Hearing before the
DC Council Committee of the Whole
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Good afternoon. My name is Kimberly Russo and I am the Chief Executive Officer at the George Washington University Hospital (GW Hospital). I was out of town at an executive management conference on March 12th and unfortunately, unable to attend the hearing to discuss the Helicopter Landing Pad Amendment Act of 2017. This Act is vital, and I thank you for the opportunity to submit written testimony to the Council.

The George Washington University Hospital is jointly owned and operated by a partnership between George Washington University and Universal Health Services Inc. (UHS), a King of Prussia, PA-based company. Under the terms of this partnership, named The District Hospital Partners, LP, UHS holds an 80 percent interest and the University holds a 20 percent interest in GW Hospital. Both partners fully support the addition of a helipad to GW Hospital's campus.

The GW Hospital's mission is to provide the highest quality healthcare, advanced technology, and world-class services to our patients in an academic medical center that is also dedicated to education and research. I am proud to say that I see this mission in action every day at GW Hospital. During my 20 years with the hospital, I have had the honor of seeing our hospital expand to meet the continually changing needs of our city. We remain committed to meeting those needs for many years to come.

Prior to being appointed to CEO in June 2016, I served as the Chief Operating Officer for 7 years. As COO, I led an initiative for the Hospital to obtain a Level I Trauma Center designation in 2013. At that time, there was only one hospital in the District with a Level I Trauma Center designation, and we recognized the need to bring additional complex, emergent healthcare to the city.

Expanding our capabilities to serve our community is not only about trauma patients. Just two years after achieving designation as a Level I Trauma Center, we achieved designation as a Comprehensive Stroke Center – the highest level possible. We were only the 97th hospital in the country at the time to attain this designation – one of less than 2% of U.S. hospitals. Today, we remain one of only three Comprehensive Stroke Centers in the District. We know that strokes require urgent medical intervention. In 2017, 67.7% of ischemic stroke patients at GW received IV t-PA within 45 minutes of arrival to the emergency room. The national average of all reporting Comprehensive Stroke Centers is 52.3%. This is just another example of our commitment to providing exemplary, timely care.

We know that strokes require urgent medical intervention. With the approval of this Act, we will continue to improve the level and timeliness of care that the District's stroke and trauma patients will receive.

We have also served the District community through a variety of community outreach programs. GW Hospital and its affiliates regularly collaborate with other organizations and centers to bring preventive services and health disease awareness to the region. For example, the District has one of the highest incidences of end-stage renal disease in the country. The GW Transplant Institute partners with The GW Ron and Joy Paul Kidney Center to increase awareness of kidney disease and transplant options. This particular program focuses on Wards 7 and 8 where kidney disease is most prevalent. Since its opening in 2015, the GW transplant team has reached thousands of people in wards 7 and 8 through outreach

activities. We also partner with the National Minority Organ Tissue Transplant Education Program (MOTTEP) to bring awareness to kidney disease and offer easier access to organ donation and transplant services.

GW Hospital also brings care to the community through cancer outreach. The Hospital partners with The GW Medical Faculty Associates to make life-saving, early detection of breast cancer possible for all women throughout Washington metropolitan area, regardless of their ability to pay. This effort through our Mobile Mammography Program, also known as our "Mammovan," began in 1996. The Mammovan currently travels to 160 sites throughout the D.C. region and partners with 70 community-based organizations and businesses.

Our efforts to contribute and improve the community have also been recognized by local government. We were proud to be named the lead hospital in D.C. for Mayor Muriel Bowser's Vision Zero initiative. The goal of this initiative is to have Washington, DC reach zero fatalities and serious injuries to travelers of our transportation system by year 2024. For the past two years, we hosted the DC region's first Vision Zero Summit.

As you can see, GW Hospital is deeply committed to improving the health of all DC residents. We do this by not only advancing the care we provide but by bringing it to the local communities we serve in every way possible. The Act before this Council would help us continue to make our lifesaving medical care available to all who need it, during the most critical and vulnerable time. As our city grows, we must ensure that our Level I Trauma Centers are properly equipped to meet the life-threatening needs of our patients. This helipad will greatly enhance the healthcare services that GW Hospital provides to DC residents. Most importantly, it will prevent unnecessary deaths and assist the Hospital in saving as many lives as possible.

Please consider the significant positive impact that approving this Act would have for D.C. residents who depend on us to give them the care that they need when they need it. Thank you for your time.

DC Council Committee of the Whole
Bill 22-579, Helicopter Landing Pad Amendment Act of 2017
Testimony of Michael J. Conklin

The Helicopter Landing Pad Amendment Act of 2017 will save lives! The Washington, DC area has a complex airspace that is regulated by multiple agencies and used according to only the highest safety standards. As a result, the helicopter companies and government organizations that fly Emergency Medical Flights in the District have outstanding safety records. This outstanding safety record is attributed to each organization's safety practices, pilot requirements, maintenance procedures, and the risk assessment performed by the crews prior to accepting a patient transfer mission.

To assure the safety of District residents, the George Washington University Hospital (GWUH) has worked closely with the Helicopter Committee for the P-56A Special Use Airspace Prohibited Area to establish procedures and protocols for flights in and out of the proposed helipad. The Helicopter Committee is comprised of the US Secret Service, US Capitol Police, and the US Park Police. All crew members who participate in Emergency Medical Service (EMS) Helicopter flights to the GWUH pad will have to complete US Secret Service background checks.

All EMS Helicopter crews must perform a risk assessment prior to accepting a patient transfer mission. When an EMS crew receives notification of a request for patient transfer, the crew evaluates the weather at the pick-up location, along the route of flight, and at the final destination. The weather evaluation includes at a minimum: ceilings, visibility, precipitation, turbulence, winds, and Density Altitude. The Go / No Go determination is made off of an established set of Federal Aviation Administration guidelines. This determination is made as objectively as possible, without the crew having information or knowledge of any patient-specific facts. Only after the crew has determined that a flight can be accomplished safely will the crew receive patient specific information.

The Hospital will execute a Landing Agreement with all Helicopter EMS providers that operate in and out of the facility. The crews will have to complete initial and annual training requirements to be certified to use the landing pad. All helicopters that operate in and out of the helipad should have dual engine capability. Single engine helicopters will execute a patient transfer with a Ground Medical Transport at the South Capitol Street Helicopter Pad.

EMS Helicopters are the safest and most efficient method of securely transporting an emergency patient to a hospital in the District. While no pilot can ever guarantee that an accident will not occur, EMS Helicopter pilots, organizations, and the agencies that regulate EMS Helicopters take every precaution to prevent accidents.

With respect to noise concerns of the residents in the areas directly surrounding the Hospital. The majority of the helicopters that fly in and out of GWUH will be classified as "light helicopters." Classification as a "light helicopter" means the helicopter has a maximum take-off weight of under 7,000 pounds. These helicopters are substantially lighter and produce less

noise than the government helicopters that currently fly over or near the hospital. For additional safety, the helipad is designed to receive a maximum weight of 15,000 pounds. However, even at 15,000 pounds, the pad is not capable of accepting the large military and government helicopters that routinely operate in the Washington, DC area. As a result, approving the helipad would not increase the frequency or duration of noise from large government and military helicopters.

The hospital is working to establish a "Fly Neighborly Policy" to minimize the noise impact on the surrounding community. The nature of the EMS Helicopter mission requires pilots to minimize angle of bank and other typical helicopter maneuvers to reduce the impact of stress on the transported patient. All of these factors have a positive impact and will reduce the noise generated by the helicopter.

Approving the helipad will improve emergency medical services in the District and help to save many residents who would otherwise die. I strongly urge the Council to approve the Helicopter Landing Pad Amendment Act of 2017.

Johnson, Peter (Council)

From: eeofdcfba@aol.com
Sent: Tuesday, April 3, 2018 3:57 PM
To: Johnson, Peter (Council)
Subject: Re: Helipad Amendment - Statement for the record

Follow Up Flag: Follow up
Flag Status: Flagged

**532 20th Street NW | Apartment 501
Washington, DC 20006**

April 3, 2018

RE: Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Dear Chairman Mendelson and Councilmembers:

Thank you for keeping the record open to additional comments in this case regarding the DC Council's consideration of overturning the 1987 ban on Medevac helicopters landing on the UHS/GWU Hospital roof.

Although I have heard and read about the University's request and rationale for lifting the helipad ban, and the numerous justified concerns of the immediately affected neighbors, my apartment building is located on 20th Street NW—a good 10-15 minute walk from the UHS/GWU Hospital—and I didn't think that I had anything to add to the discussion. That was until late last week when I was catching up with a long-time friend who owns a townhouse in the 100 block of W Street NW (between 1st Street NW and Flagler Place NW) directly off of North Capitol Street.

During our conversation, I offhandedly mentioned the issue with the GWU helipad. He was aghast and said he hoped that the neighbors were adamantly opposed, and they will absolutely regret it if the ban is overturned. His house is a little over half a mile due south of Washington Hospital Center (WHC) and Children's Hospital, and he said there are flights in and out of the hospitals daily, many in the middle of the night, and the constant noise and disruption is distressing and disturbing. Also, all of his electronic devices are powered by satellite, and every time a helicopter goes overhead, it knocks out the signal.

As a 38-year resident, I've witnessed and experienced a marked decline in the quality of life for non-transient residents in my end of the neighborhood. Much of this is due—particularly over the last two decades—to the incessant growth, commercialization and intensification of use of the University's holdings, and the seeming inability of responsible DC authorities to protect what little remains of the residential community. If I were moving to the District for the first time now, I would not choose to live in Foggy Bottom, and, if I were not committed to living within a short walk to my workplace, I would leave the neighborhood.

While it may be much too late, I would encourage the Council to engage in further expert investigation and input before the it votes in this matter.

Sincerely,

Elizabeth B. Elliott

Former Chairperson ANC-2A (2001-2003)

Former Board Member | Foggy Bottom Association (2003-2009)

Former Board Member | Federation of Citizens Associations (2002-2010)

Current Vice President | Foggy Bottom Association Defense & Improvement Corp.

Washington, DC 20037
sully_000@yahoo.com

Statement of Peter Sullivan, Resident, Watergate East, Washington, DC
Re Proposed Legislation Authorizing a Helipad at GW Hospital
April 3, 2018

Before the Council votes on whether to approve the GW Hospital Helipad, there are important questions in needs in need of investigation.

1. Is such a GW Helipad really necessary?

To my knowledge, there has been no expert study of the needs in DC and surrounding areas of Virginia and Maryland for helipad capability. If there is need for greater capability, it is doubtful GW is the best location. GW has limited capacity. And it also doesn't even get ranked in the top 25 of DC area hospitals published by US News.

2. Is such a Helipad really compatible with the restricted airspace maintained in Foggy Bottom – White House area for security reasons?

To my knowledge, neither the ANC2A nor the Council has adequately examined the security issue. At an ANC2 Hearing last fall, a person identifying himself at GW's aviation consultant stated that the Secret Service blessed an exception to the restricted airspace in DC to allow the use of a helipad at GW.

I am curious what representations GW made to the Secret Service and the adequacy of any Government review. On September 8, 2017, I made an on line FOIA request of the Department of Homeland Security for documentation concerning this matter. I did not receive an acknowledgment. So I made and sent by mail a written request on October 17, 2017. I received reply on November 2, 2017, informing me that DHS components are being queried and that there may be some delay in processing my request. My request was assigned a file number (20180177), but I'm still waiting for a response.

The Council should make its own FOIA request and ask for testimony from DHS to ensure that there has been a proper security review.

Respectfully submitted,

Peter Sullivan

Peter Sullivan
2500 Virginia Ave., NW -- Apt 407-S

Via Email: PJohnson@DCCOUNCIL.US

Testimony Submitted by Florence Harmon, ANC 2A 06 Commissioner, to B 22-579 (to amend the Helicopter Landing Pad Nuisance Act of 1987 to allow hospital helipads as a matter of right).

I submit this testimony in my individual capacity as Advisory Neighborhood Commissioner for the Single Member District 2A-06.

On February 21, 2017, at a widely attended Foggy Bottom Association (FBA) meeting that I also attended, George Washington University (GWU) Hospital officials and their consultants presented their proposal for adding a helipad to the roof of the hospital located south of Washington Circle between New Hampshire Avenue and 23rd Streets in order to serve a broader base of consumers not just in the District of Columbia and surrounding counties but other states such as West Virginia and Delaware.

At this initial community open meeting on this topic, GWU Hospital officials and their consultants make several oral representations to the community, stating that the community could "count on these representations" (recording of this meeting exists that should be listened to by Council members and their staffs). Among the steadfast promises made to the community were:

- The helicopters would not be loud or weigh a lot (they stated no more than 11,000 pounds and would likely be EC 135 or EC 145 or similar models);
- There would be only 2-3 flights per week because GWU only has 384 beds and would never expand that bed count and at one point stated no more than 116 flights per year (with carveouts for mass emergencies);
- 75% to 85% of the flights would be during daytime hours and not at night so resident sleep would not be disturbed (again with carveouts for mass emergencies);
- Noise would be minimal as the helicopter only runs for 1 minute after landing and the helicopter would be running over hospital area for no longer than 5 minutes while it landed;
- They would do noise testing but ANC 2A and community members also urged critical vibration testing, which was never done.

Being a lawyer, I like commitments in writing because due to the statute of frauds, oral representations can cease to be enforceable obligations. And thinking that GWU Hospital officials were to be trusted and above politics and truly meant what they said to the community, I thought that they would not have an issue with entering an agreement with the community memorializing their promises.

I was wrong.

And unfortunately, ANC 2A officials negotiated an agreement without the input of legal counsel that the ANC directed and inclusion of ANC commissioners with business and legal experience that would have resulted in an agreement that protected the community's interests and protected the

interests of GWU Hospital. Rather, the agreement was negotiated is most likely unenforceable and does not contain critical but reasonable limitations on helicopter activity that is necessary in a residential zone. The ANC 2A concluded “they could trust GWU Hospital” and take them at their word (despite the basic legal doctrine of the statute of frauds that holds that if oral representations are not set out in the written agreement, they are unenforceable), and also disregarded basic contractual principals that there has to be a signatory to an agreement that can enforce it (as the ANC has no power to do so).

So, I voted against this proposal because I am worried that the negotiated agreement does not protect residents of this area, placing few limitations on GWU Hospital to uphold their oral promises that they had initially made to the community. And a written, enforceable agreement was very important to the community as the community should not have to rely on legislation (that can be changed) when they are at a distinct disadvantage since they do not have high power lobbyist like GWU Hospital (whose PR campaign was highly effective with front page Washington Post Metro section news articles).

Protection of the community in a written document was extremely important, given the longtime historic adjoining residential neighborhood of the proposed site. And you can save lives with a helipad and protect the adjoining residential community with an enforceable written agreement at the same time.

The site proposed for the helipad has significant issues which make it problematic compared to other DC-based hospital helipad sites such as those at Georgetown University Hospital and Washington Hospital Center, necessitating the need for a written agreement that protects the community.

- The GWU helipad site is located in a mainly high density residential whereas the helipads at Georgetown University and Washington Hospital are in low density areas. Within 25 to 50 feet on the east, south and west sides of the proposed helipad site are residential buildings that range from 90 to 110 feet in height.
- The comparable helipads both provide ample space for take-off and landing whereas the proposed GWU site seems to barely meet the minimum Federal Aviation Administration requirements (e.g. footprint, number of flight paths) with obstacles (surrounding buildings) and limits (outlined below) that further hinder it.
- The site itself is located within the western border of the “secure zone” which does not allow for commercial flights near the White House. This means that half of the routes that should be available for the medical helicopters are not because of the restricted air space placing the majority of the traffic on the west side directly over the residential neighborhood.
- Because of the site’s proximity to Reagan National Airport, the elevation at which the helicopters can fly is also limited. Normally helicopters can fly at an elevation of 800 ft but in the case of this site, helicopters have to fly at an elevation of 100 ft given the airplane flight plans into and out of the airport.

- As was stated by many constituents, it seems more appropriate to use a shared helipad approach with Georgetown University which is less than 2 miles away, a five-minute drive.

For all of the reasons outlined above, given the practical issues with this site, the significantly higher safety and health risks associated with it as compared to other sites, and failure of GWU Hospital to provide the community written evidence of its promises, I hope the Council will send this matter back to the community for more negotiation and leave the present legislation, prohibiting such a helipad, in place.

Accordingly, I respectfully ask that the Council uphold the legislation as it stands until such time that adequate protections are afforded the community in a written agreement with GWU Hospital.

Respectfully submitted,

Florence Harmon, Advisory Neighborhood Commissioner 2A-06

D.C. City Council Written Testimony re:

Bill 22-579, Helicopter Landing Pad Amendment Act of 2017

Introduction

30 years ago, in response to an effort by George Washington University Hospital to build a helicopter landing pad, this City Council adopted the Helicopter Landing Pad Public Nuisance Act of 1987 (D.C. LAW 7-40). The law stated that the operation of any new helicopter landing pad, "in any residential district in the District of Columbia . . . shall constitute a public nuisance." The City, and its citizens, were empowered to go to court "to abate and enjoin perpetually the nuisance." A public nuisance typically refers to an activity that constitutes an unreasonable interference with a right common to the general public, including activities that threaten health, morals, safety, comfort, convenience, or welfare of a community.

GW Hospital is back before this Council again asking for permission to construct a helipad - in so doing, however, it has not demonstrated that concerns about public safety, comfort, convenience, and welfare are any less important than they were 30 years ago. If anything, the DC population has increased and the safety threat posed by regularly landing helicopters in a dense urban community has increased as well. GW Hospital has failed to properly evaluate that threat to community welfare posed by the increased noise and distraction of helicopter landings and has not demonstrated that community benefits outweigh the risks of the project. The City Council should reject this proposal.

The Helipad poses a safety risk to the Foggy Bottom and the West End Communities.

As in 1987, safety continues to be a priority. The helicopters pose a safety risk to residents, hotel guests, farmer's market shoppers, tourists, theatergoers and other pedestrians who use the neighborhood.

Contrary to GW's claims, there have been accidents with helicopters, including Emergency Medical Service (EMS) helicopters landing on hospital helipads. EMS helicopters, unfortunately, are not free from failures resulting from human error, mechanical fault, and gravity. It has been reported that from 1972 to 2016, there were 342 helicopter EMS accidents; 123 of those 342 resulted in at least one fatality.¹

Examples of recent hospital rooftop helicopter accidents include University of New Mexico Hospital (April 2014), minor injuries;² Valparaiso IN hospital (2005), no injuries;³ Cleveland hospital (2002), two fatalities;⁴ approaching Wichita Falls Texas hospital (Oct. 2014),

¹ <http://aerossurance.com/helicopters/us-hems-accident-2006-2015/>

² <http://www.nbcnews.com/news/us-news/helicopter-crashes-new-mexico-hospital-roof-n76396>

³ <http://www.wave3.com/story/3599222/helicopter-crashes-on-roof-of-valparaiso-hospital>

⁴ <http://www.cleveland19.com/story/627690/helicopter-crashes-into-hospital-courtyard-killing-2;>

2 fatalities, 2 injuries;⁵ St. Louis Hospital (March 2015), 1 fatality;⁶ Grand Rapids hospital (May 2008), no serious injuries, but a hospital fire.⁷

Of course, we hope an accident would never occur. But if an accident occurred in a densely populated area such as Foggy Bottom/Watergate/West End, the result could be catastrophic. Indeed, agencies, such as the U.S. military, do not attempt to base safety standards on accident probabilities, but approach the safety issue from a land use perspective.⁸ They do so by designating "clear zones" that are free from obstructions and residential development along approach and departure paths to the helipad. The Federal Aviation Administration Advisory Circular No. 150/3390-2C (Heliport Design) (4.24.2012) specifically addresses hospital helipads and recommends an distance of 280 feet in which residences and places of public assembly are discouraged.⁹ GW Hospital is in the middle of a residential/commercial/academic area - there are no clear paths that would allow for the safe placement of a helipad.

The Helipad will cause noise, vibration, and disruption adversely affecting the community's welfare.

Helicopter approaches, landings, and take-offs will be extremely noisy and distracting to residents and visitors. Certain paths and are clearly within the "no fly zone," making it likely that the helicopter will follow the same paths – and disturb the same residents each flight. The noise study the hospital's consultant lacked detail and should be reviewed carefully by the City's experts.¹⁰

There are also concerns that repeated regular vibrations could pose a potential risk to the neighborhood's historic buildings. The Hospital's consultant apparently evaluated only one building and that was a modern one. In short, the GW Hospital has failed perform an analysis of the disamenities the helipad will impose on the community.

⁵ <http://www.texomashomepage.com/news/local-news/ntsb-files-preliminary-report-on-helicopter-crash-in-wichita-falls/150427361>

⁶ <http://fox2now.com/2015/03/12/results-of-slu-hospital-helicopter-crash-investigation-released-by-ntsb/>

⁷ http://blog.mlive.com/grpress/2008/05/full_story_aero_med_helicopter.html

⁸ See, e.g., Andrews Air Force Base, Air Installation Compatible Use Study (Dec. 2007) at p. 4-9 (included in Army Report to Congress, Report on the Effects of Military Helicopter Noise on National Capital Region Community and Individuals (2018).

⁹ https://www.faa.gov/documentLibrary/media/Advisory_Circular/150_5390_2c.pdf at p. 123

¹⁰ See <https://www.foggybottomassociation.org/single-post/2017/07/15/Noise-Consultant-Report-on-Proposed-GWU-Hospital-Helipad>

Finally, the GW Hospital is located in the downtown DC “no fly zone,”¹¹ less than a mile from the White House. As such, introduction of additional helicopters in this already congested area may pose a national security risk.

The claimed benefits of the Helipad do not justify its installation.

GW Hospital has the burden of showing that the existing D.C. law should be repealed. G.W. Hospital currently uses a helipad by the Navy Yard and transports patients three miles to the hospital by ambulance. The hospital spokesman apparently told the Council that the hospital recently obtained an upgraded EMS ambulance which reduces the number of anticipate helicopter trips by 50 per year. Will two additional ambulances eliminate the claimed benefits of the helipad entirely?

The Hospital has never explained how many flights it currently takes at its existing helipad, what impact the ambulance trip from the existing helipad has on patient care, what hours of day and night the flights arrive, what types of patients the new helipad will transfer, and what needs exist that the Washington Hospital (and Georgetown) helipads cannot address. The issue is not whether EMS helicopters may be beneficial - it is whether the benefits of this GW Hospital rooftop helipad exceed the safety risks and adverse impact on the community.

Frank Leone, Foggy Bottom homeowner

April 2, 2018

¹¹ <https://www.washingtonpost.com/graphics/local/no-fly-zone/>